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**Supreme Court of the United States**

**OCTOBER TERM, 1942**

**No. 201**

**AMERICAN MEDICAL ASSOCIATION, A CORPORATION, PETITIONER,**

**vs.**

**THE UNITED STATES OF AMERICA**

---

**No. 202.**

**THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA, A CORPORATION, PETITIONER,**

**vs.**

**THE UNITED STATES OF AMERICA**

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**ON WRITS OF CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR THE DISTRICT OF COLUMBIA**

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**PETITION FOR CERTIORARI FILED JULY 3, 1942.**

**CERTIORARI GRANTED OCTOBER 12, 1942.**

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**United States Court of Appeals for the  
District of Columbia**

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**No. 7929**

**AMERICAN MEDICAL ASSOCIATION, A CORPORATION, APPELLANT,**

*vs.*

**UNITED STATES OF AMERICA, APPELLEE**

---

**No. 7930**

**MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA, A CORPORATION,**

*vs.*

**UNITED STATES OF AMERICA, APPELLEE**

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**BOOK OF EXHIBITS**

**of the United States which were received in evidence but  
not read to the jury.**



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# United States Court of Appeals for the District of Columbia

No. 7929

AMERICAN MEDICAL ASSOCIATION, A Corporation, Appellant,

vs.

UNITED STATES OF AMERICA, Appellee

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No. 7930

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA, A  
Corporation,

vs.

UNITED STATES OF AMERICA, Appellee

## BOOK OF EXHIBITS

of the United States which were received in evidence but  
not read to the jury.<sup>1</sup>

Gov. Ex. 1

### Stipulation

It is hereby stipulated and agreed by and between counsel  
for the defendants and counsel for the United States that:

1. The American Medical Association is, and has been  
since April 14, 1897, incorporated under the laws of Illinois  
as a corporation. The Act concerning corporations ap-  
proved April 18, 1872, and all acts amendatory thereof,  
under which said corporation is incorporated are filed here-  
with. Filed herewith are true copies of the charter, con-  
stitution, by-laws, and principles of medical ethics of said  
Association in effect on December 20, 1938. Except for

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<sup>1</sup> There may be some exhibits inadvertently herein set forth which were  
read to the jury and which appear in the body of the bill of exceptions. In  
addition certain exhibits are herein set forth which were described to the jury  
in the language appearing in the body of the bill of exceptions, but which  
were not read to the jury.

the changes made in said constitution, by-laws, and principles of medical ethics as indicated in the copies thereof filed herewith, said charter, constitution, by-laws, and principles of medical ethics were in effect throughout the period from February 24, 1937, to December 20, 1938. The office of the American Medical Association is located at Chicago, Illinois. On April 1, 1938, the American Medical Association had 109,435 members out of a total of 169,628 doctors in the United States.

2. The Medical Society of the District of Columbia is, and has been for many years last past, a corporation incorporated under one or more Acts of Congress. Filed herewith are true copies of the Acts of Congress relating to the incorporation of The Medical Society of the District of Columbia. Filed herewith are true copies of the constitution and by-laws of said Society in effect on December 20, 1938. Except for the changes made in said constitution and by-laws as indicated in the copies thereof filed herewith, said constitution and by-laws were in effect throughout the period from February 24, 1937, to December 20, 1938. Said Society has its office in the District of Columbia. On April 1, 1938, The Medical Society of the District of Columbia had 825 members out of a total of 1,979 doctors in the District of Columbia.

3. The Harris County Medical Society is, and has been for several years last past, an unincorporated association of physicians and surgeons and has its office in Houston, Harris County, Texas.

4. The Washington Academy of Surgery is, and has been for several years last past, an unincorporated association of surgeons in the District of Columbia. The officers of the Washington Academy of Surgery during the period February 24, 1937, to April 23, 1937, were Dr. Charles S. White, President; Dr. J. P. Shearer, Vice President; and Dr. W. Warren Sager, Secretary and Treasurer. The officers of the Washington Academy of Surgery during the period April 23, 1937, to April 8, 1938, were Dr. John A. Cahill, President; Dr. Daniel Borden, Vice President; and Dr. F. C. Fishback, Secretary and Treasurer. The officers of the Washington Academy of Surgery during the period April 8, 1938, to December 20, 1938, were Dr. Daniel Borden, President; Dr. Fred Sanderson, Vice President; and Dr.

J. Ogle Warfield, Jr., Secretary and Treasurer. The members of the Advisory Committee on Hospital Privileges of the Washington Academy of Surgery during the period April 23, 1937, to April 8, 1938, were Dr. John H. Lyons, Chairman; Dr. Daniel Borden; Dr. Fred Sanderson; and Dr. A. L. Riddick. It is the best recollection of Dr. Crenshaw D. Briggs, Secretary of the Washington Academy of Surgery, and said Dr. Crenshaw D. Briggs would so testify if called, that the members of the Advisory Committee on Hospital Privileges during the period April 8, 1938, to December 20, 1938, were Dr. Fred Sanderson, Chairman; Dr. Alec Horwitz; Dr. F. X. McGovern; Dr. Paul Putzski; Dr. A. L. Riddick; and Dr. J. P. Shearer. Proof of additional members on said committee may be offered by either party and received in evidence.

5. Each of the following corporations and associations was engaged in operating a hospital throughout the period from February 24, 1937 to December 20, 1938: Central Dispensary and Emergency Hospital; Children's Hospital of the District of Columbia; Columbia Hospital for Women; Eastern Dispensary and Casualty Hospital; Episcopal Eye, Ear and Throat Hospital; Garfield Memorial Hospital; National Homeopathic Hospital of the District of Columbia; Providence Hospital; Sibley Memorial Hospital; and Washington Sanitarium and Hospital. These hospitals are located in Washington, D. C., except that the Washington Sanitarium and Hospital is located in Takoma Park, Maryland. All of said hospitals claim to be incorporated not for profit.

6. Membership in the American Medical Association is ordinarily obtainable only through affiliated state or territorial medical associations. State or territorial medical associations are known as "constituent" societies of the American Medical Association. Membership in most constituent associations or societies is ordinarily obtainable only through membership in affiliated county or local medical societies, which are known as "component" societies of those constituent associations and of the American Medical Association. The Medical Society of the District of Columbia has no component medical society of the American Medical Association. Members of affiliated component or constituent medical societies are, ipso facto, members of the American Medical Association.

7. Membership in the American Medical Association was held by all individual defendants throughout the period from February 24, 1937, to December 20, 1938. Throughout said period Dr. Morris Fishbein was Editor of the Journal of the American Medical Association; Dr. Olin West was Secretary and General Manager of the American Medical Association; Dr. William Creighton Woodward was Director of the Bureau of Legal Medicine and Legislation of the American Medical Association; Dr. William Dick Cutter was Secretary of the Council on Medical Education and Hospitals of the American Medical Association; Dr. Rosco Genung Leland was Director of the Bureau of Medical Economics of the American Medical Association. Said individuals during said period were full-time employees of the American Medical Association.

8. Each of the individual defendants, except the defendants Dr. Morris Fishbein, Dr. Olin West, Dr. William Dick Cutter, and Dr. Roscoe Genung Leland, was a member of The Medical Society of the District of Columbia throughout the period from February 24, 1937, to December 20, 1938. Dr. William C. Woodward was an honorary member of The Medical Society of the District of Columbia throughout said period.

9. Between February 24, 1937, and July 1, 1937, the following named persons were all members of the Executive Committee of The Medical Society of the District of Columbia: Dr. William Mercer Sprigg, Dr. Henry C. Macatee, Dr. J. Lawn Thompson, Dr. R. Arthur Hooe, Dr. C. N. Chipman, Dr. Daniel L. Borden, Dr. Earl R. Templeton, Dr. William P. Herbst, Jr., Dr. A. J. B. Connolly, Dr. David Davis, Dr. Herbert Schoenfeld, Dr. Charles B. Campbell, Dr. Wallace M. Vater, Dr. Coursen B. Conklin, Dr. Joseph L. Horgan, Dr. Oscar B. Hunter, Dr. Thomas E. Neill, Dr. A. B. Bennett, Dr. William T. Gill, Jr., Dr. Augustus C. Gray, Dr. Sterling Ruffin, Dr. Francis X. McGovern, and Dr. Raymond T. Holden, Jr.

10. Between July 1, 1937, and July 1, 1938, the following named persons were all of the members of the Executive Committee of The Medical Society of the District of Columbia: Dr. A. B. Bennett, Dr. William T. Gill, Jr., Dr. Augustus C. Gray, Dr. Raymond T. Holden, Jr., Dr. Francis X. McGovern, Dr. Sterling C. Ruffin, Dr. Daniel L. Bor-

den, Dr. Henry R. Schreiber, Dr. William Mercer Sprigg, Dr. Thomas E. Neill, Dr. Henry C. Macatee, Dr. Edward Hiram Reede, Dr. R. Arthur Hooe, Dr. C. N. Chipman, Dr. John A. Reed, Dr. S. A. Alexander, Dr. John F. Preston, Dr. Harry A. Fowler, Dr. R. Lomax Wells, Dr. Earle G. Breeding, Dr. John P. H. Murphy, Dr. Harry Lee Claude, Dr. Wallace M. Yater, and Dr. Coursen B. Conklin.

11. Between July 1, 1938, and December 20, 1938, the following named persons were all of the members of the Executive Committee of The Medical Society of the District of Columbia: Dr. Francis X. McGovern, Dr. Thomas E. Neill, Dr. Don R. Johnson, Dr. Raymond T. Holden, Jr., Dr. William J. Mallory, Dr. John Hugh Lyons, Dr. Henry C. Macatee. Mr. Theodore Wiprud was secretary of said Executive Committee during said period. The by-laws and constitution of The Medical Society of the District of Columbia define the duties of the Executive Committee.

12. Between February 24, 1937, and July 1, 1937, the following named persons were all of the officers of The Medical Society of the District of Columbia: Dr. William Mercer Sprigg, President; Dr. William P. Herbst, Jr., First Vice President; Dr. Morris I. Bierman, Second Vice President; Dr. Coursen B. Conklin, Secretary-Treasurer.

13. Between July 1, 1937, and July 1, 1938, the following named persons were all of the officers of The Medical Society of the District of Columbia: Dr. Thomas E. Neill, President; Dr. Daniel B. Moffett, First Vice President; Dr. Jacob Kotz, Second Vice President; Dr. Coursen B. Conklin, Secretary-Treasurer.

14. Between July 1, 1938, and December 20, 1938, the following named persons were the officers of The Medical Society of the District of Columbia: Dr. William J. Mallory, President; Dr. John Hugh Lyons, First Vice President; Dr. William T. Gill, Jr., First Vice President; Dr. David Davis, Second Vice President. Dr. Coursen B. Conklin was Secretary-Treasurer from July 1, 1938, to November 2, 1938. Mr. Theodore Wiprud was Secretary-Treasurer from November 2, 1938, to December 20, 1938.

15. Between February 24, 1937, and July 1, 1938, The Medical Society of the District of Columbia had a committee known as the "Hospital Committee."



16. Between February 24, 1937, and July 1, 1937, the following named persons were all of the members of said Hospital Committee: Dr. E. W. Titus, Dr. Francis X. McGovern, Dr. Ralph LeComte, Dr. John A. Reed, Dr. George R. Huffman, Dr. Fred R. Sanderson, Dr. Paul S. Putzki, Dr. Gregg C. Birdsall, Dr. Frank Leach, Dr. William H. Jenkins, and Dr. J. G. Lewis.

17. Between July 1, 1937, and July 1, 1938, the following named persons were members of said Hospital Committee: Dr. J. Ogle Warfield, Jr., Chairman, Dr. Leon A. Martel, Dr. William H. Jenkins, Dr. Gregg Custis Birdsall, Dr. J. G. Lewis, Dr. William B. Marbury, Dr. Jerome F. Crowley, Dr. Edward P. McLarney, Dr. Joseph P. Shearer, Dr. Warren Sager, and Dr. John H. Trinder. Proof of additional members on said committee during said period may be offered by either party and received in evidence.

18. Between July 1, 1938, and December 20, 1938, there was no Hospital Committee.

19. The following defendants were members of the regular and attending staffs of the Washington hospitals indicated after each name:

Dr. Coursen Baxter Conklin, Children's Hospital of the District of Columbia; Eastern Dispensary and Casualty Hospital; George Washington University Hospital.

Dr. James Bayard Gregg Custis, National Homeopathic Hospital of the District of Columbia.

Dr. Robert Arthur Hooe, Central Dispensary and Emergency Hospital.

Dr. Thomas Ernest Mattingly, Sibley Memorial Hospital.

Dr. Leon Alphonse Martel, Georgetown University Hospital.

Dr. Francis Xavier McGovern, Garfield Memorial Hospital.

Dr. Thomas Edwin Neill, Episcopal Eye, Ear and Throat Hospital and Garfield Memorial Hospital.

Dr. William Mercer Sprigg, Columbia Hospital for Women.

Dr. John Ogle Warfield, Jr., Children's Hospital of the District of Columbia and Garfield Memorial Hospital.

Dr. Prentiss Willson, Columbia Hospital for Women.



Dr. Wallace Mason Yater, Georgetown University Hospital.

Dr. Joseph Rogers Young, Eastern Dispensary and Casualty Hospital.

20. Group Health Association, Inc., is, and has been since February 24, 1937, a corporation incorporated under the laws of Congress for the District of Columbia. Filed herewith is a true copy of the original certificate of incorporation of said corporation and amendments thereto. Filed herewith is a true copy of the original by-laws of said corporation as adopted on March 22, 1937, the amendments thereto during the period from March 22, 1937 and the amendments thereto during the period from March 22, 1937, to December 20, 1938.

The foregoing contents of this stipulation and the stipulation itself are not to be considered as evidence offered on behalf of any of the parties hereto, unless and until the same, or any part thereof, is offered in evidence by any party hereto and then only as evidence on behalf of the party offering same. Upon the offer by any party of any part or all of this stipulation in evidence, said stipulation, or any part thereof, will be subject to the objection by any other party hereto that the facts hereby stipulated, or any of said facts, are incompetent, irrelevant, and immaterial on the issues formed in this case. No objection will be made that the stipulation is not competent evidence upon the facts stated in the stipulation, but objection may be made that the facts stated in the stipulation are not competent on the issues. By this stipulation the parties hereto do not intend to stipulate that they, or any of them, had knowledge of the facts herein stated at the time they occurred.

It is further understood and agreed that the specifications of times herein do not preclude proof by any party of the facts covered by this stipulation at times other than those specified herein, nor preclude proof by any party that said facts were represented or believed to be otherwise.

Edward M. Burke, Seth W. Richardson, Wm. E. Leahy, Chas. S. Baker, John E. Laskey, Counsel for the Defendants. (S.) John Henry Lewin, Grant W. Kelleher, Special Assistants to the Attorney General.

(The foregoing stipulation was read to the jury).

CONSTITUTION AND BY-LAWS OF THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA

(As Adopted in 1911 and Amended; Revised and Readopted on May 23, 1934)

[SEAL]

Washington, D. C., 1934

An Act to Incorporate the Medical Society of the District of Columbia

Be it enacted by the Senate and House of Representatives of the United States of America, in Congress assembled, that Charles Worthington, James H. Blake, John T. Shaaff, Thomas Sim, Frederick May, Joel T. Gustine, Elisha Harrison, Peregrine Warfield, Alexander McWilliams, George Clark, Henry Hunt, Thomas Henderson, John Harrison, Benjamin S. Bohrer, Samuel Horseley, Nicholas W. Worthington, William Jones, James T. Johnson, Richard Weightman, George May, Robert French, and such persons as they may from time to time elect, and their successors, are hereby declared to be a community, corporation, and body politic, forever, by and under the name and title of the Medical Society of the District of Columbia; and by and under the same name and title they shall be able and capable in law to purchase, take, have and enjoy, to them and their successors, in fee or for lease, estate or estates, any land, tenements, rents, annuities, chattels, bank stock, registered debts, or other public securities within the District, by the gift, bargain, sale, demise, or of any person or persons, bodies politic or corporate, capable to make the same, and the same; at their pleasure, to alien, sell, transfer or lease and apply to such purposes as they may adjudge most conducive to the promoting and disseminating medical and surgical knowledge, and for no other purpose whatever: *Provided, nevertheless*, That the said society, or body politic, shall not, at any one time, hold or possess property, real, personal or mixt, exceeding in total value the sum of six thousand dollars per annum.

Sec. 2. *And be it further enacted*, That the members of the said society, above designated, shall hold, in the City of Washington, for stated meetings in every year, viz: on the first Mondays in January, April, July and October; the officers of the society to consist of a President, two Vice-Presidents, one Corresponding Secretary, one Recording Secretary, one Treasurer and one Librarian, who shall be appointed on the second Monday in March, one thousand eight hundred and nineteen, and on the annual meeting in January forever thereafter, (not less than seven members being present at such meeting), and the society may make a common seal, and may elect into their body such medical and surgical practitioners, within the District of Columbia, as they may deem qualified to become members of the society; it being understood that the officers of the society now elected are to remain in office until the next election after the passage of this act.

Sec. 3. *And be it further enacted*, That it shall and may be lawful for the said Medical Society, or any number of them attending, (not less than seven), to elect by ballot five persons, residents of the District, who shall be styled the Medical Board of Examiners of the District of Columbia, whose duty it shall be to grant licenses to such medical and chirurgical gentlemen as they may, upon a full examination, judge adequate to commence the practice of the medical and chirurgical arts, or as may produce diplomas from some respectable college or society; each person so obtaining a certificate to pay a sum not exceeding ten dollars, to be fixed on or ascertained by the society.

Sec. 4. *And be it further enacted*, That any three of the examiners shall constitute a board for examining such candidates as may apply, and shall subscribe their names to each certificate by them granted, which certificate shall also be countersigned by the President of the society, and have the seal of the society affixed thereto by the Secretary, upon paying into the hands of the Treasurer the sum of money to be ascertained, as above, by the society; and any one of the said examiners may grant a license to practice, until a board, in conformity to this act, can be held; *Provided*, That nothing herein contained shall authorize the said corporation in any wise to regulate the price of medical or surgical attendance, on such persons as may need those services.

Sec. 5. *And be it further enacted*, That after the appointment of the aforesaid medical board, no person, not heretofore a practitioner of medicine or surgery within the District of Columbia, shall be allowed to practice within the said District, in either of said branches, and receive payment for his services, without first having obtained a license, testified as by this law directed, or without the production of a diploma, under the penalty of fifty dollars for each offense, to be recovered in the county court where he may reside, by bill of presentment and indictment; one-half for the use of the society, and the other for that of the informer.

Sec. 6. *And be it further enacted*, That every person who, upon application, shall be elected a member of the Medical Society, shall pay a sum not exceeding ten dollars, to be ascertained by the society.

Sec. 7. *And be it further enacted*, That the Medical Society be, and they are hereby empowered, from time to time, to make such by-laws, rules and regulations, as they may find requisite, to break or alter their common seal, to fix the times and places for the meetings of the board of examiners, filling up vacancies in the medical board, and to do and perform such other things as may be requisite for carrying this act into execution, and which may not be repugnant to the constitution and laws of the United States: *Provided*, That nothing herein contained shall extend to prohibit any person during his actual residence in any of the United States, and who, by the laws of the state wherein he doth or may reside, is not prohibited from practicing in either of the above branches, from practicing in this District; *Provided always*, That it shall and may be lawful for any person, resident as aforesaid, and not prohibited as aforesaid, when specially sent for, to come into any part of this District, and administer or prescribe medicine, or perform any operation for the relief of such to whose assistance he may be sent for.

Sec. 8. *And be it further enacted*, That Congress may, at any time, alter, amend, or annul this act of incorporation of said society at pleasure.

H. CLAY,

*Speaker of the House of Representatives.*

DANIEL D. TOMPKINS,

*Vice-President of the United States and  
President of the Senate.*

JAMES MONROE.

Approved February 16, 1819.

#### ACT OF INCORPORATION

An Act to Revive, with Amendments, An Act to Incorporate the Medical Society of the District of Columbia

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled*, That Frederick May, M. D., Alexander McWilliams, M. D., Henry Hunt, M. D., N. P. Causin, M. D., W. Jones,

M. D., Richmond Johnson, M. D., Thomas Sewall, M. D., George W. May, M. D., Nicholas W. Worthington; M. D., Joshua Reily, M. D., James S. Gunnell, M. D., Harvey Lindsly, M. D., James C. Hall, M. D., Thomas Miller, M. D., Joseph Borrows, M. D., Alexander McD. Davis, M. D., Benjamin King, M. D., Noble Young, M. D., H. F. Condict, M. D., W. B. Magruder, M. D., Peregrine Warfield, M. D., J. B. Blake, M. D., and such other persons as they may from time to time elect, and their successors, are hereby declared to be a community, corporation, and body politic, forever, or until Congress shall by law direct this charter to cease and determine, by and under the name and title of the Medical Society of the District of Columbia; and by and under the same name and title they shall be able and capable in law to purchase, take, have and enjoy; to them and their successors, in fee or for lease, estate or estates, any land, tenements, rents, annuities, chattels, bank stock, registered debts, or other public securities within the District, by the gift, bargain, sale, demise, or of any person or persons, bodies politic or corporate, capable to make the same, and the same, at their pleasure, to alien, sell, transfer, or lease and apply, to such purposes as they may adjudge most conducive to the promoting and disseminating medical and surgical knowledge, and for no other purpose whatever: *Provided, nevertheless*, That the said society or body politic shall not, at any one time, hold or possess property, real, personal or mixed, exceeding in total value the sum of six thousand dollars per annum.

Sec. 2. *And be it further enacted*, That the members of the said society above designated shall hold, in the City of Washington, two stated meetings in every year, viz: on the first Monday in January and July; the officers of the society to consist of a President, two Vice-Presidents, one Corresponding Secretary, one Recording Secretary, one Treasurer, and one Librarian, who shall be appointed on the first Monday in July, one thousand eight hundred and thirty-eight, and on the annual meeting in January forever thereafter, and who shall hold their offices for one year, and until others are chosen in their stead (not less than seven members being present at such meeting); and the society may make a common seal, and may elect into their body such medical and chirurgical practitioners, within the District of Columbia, as they may deem qualified to become members of the society, it being understood that the officers of the society now elected are to remain in office until the next election after the passage of this act.

Sec. 3. *And be it further enacted*, That it shall and may be lawful for the said Medical Society, or any number of them attending, (not less than seven), to elect by ballot five persons, residents of the District of Columbia, whose duty it shall be to grant licenses to such medical and chirurgical gentlemen as they may, upon a full examination, judge qualified to practice the medical and chirurgical arts, or as may produce a diploma from some respectable medical college or society, each person so obtaining a certificate to pay a sum, not exceeding ten dollars, to be fixed on or ascertained by the society.

Sec. 4. *And be it further enacted*, That any three of the examiners shall constitute a board for examining such candidates as may apply, and shall subscribe their names to each certificate by them granted, which certificate shall also be countersigned by the President of the society, and have the seal of the society affixed thereto by the Secretary, upon paying into the hands of the Treasurer the sum of money to be ascertained as above by the society; and any one of the said examiners may grant a license to practice until a board in conformity to this act can be held: *Provided*, That nothing herein contained shall authorize the said corporation in anywise to regulate the practice of medical or chirurgical attendance on such persons as may need those services nor to establish or fix a tariff of charges or fees for medical attendance or advice, or to interfere in any way with charges or fees for medical attendance or advice.



Sec. 5. *And be it further enacted*, That after the appointment of the aforesaid medical board no person, not heretofore a practitioner of medicine or surgery within the District of Columbia, shall be allowed to practice within the said District, in either of said branches, without first having obtained a license, testified as by this law directed, or the production of a diploma from a respectable medical college, or a board of examiners established by law: *Provided*; That the professors in such college, or the examiners in such board, be men regularly instructed in medicine and surgery, and the collateral branches of medical education, anatomy, chemistry, under the penalty of fifty dollars for each offense, to be recovered in the county court where he may reside, by bill of presentment and indictment, one-half for the use of the society, and the other for that of the informer.

Sec. 6. *And be it further enacted*, That every person who upon application shall be elected a member of the Medical Society, shall pay a sum not exceeding ten dollars, to be ascertained by the society.

Sec. 7. *And be it further enacted*, That the Medical Society be, and they are hereby, empowered, from time to time, to make such by-laws, rules, and regulations as they may find requisite; which by-laws, rules, and regulations shall, in their application and operation, be exclusively confined to said society, as a society, or body corporate, and not to its members individually, when not acting in a corporate character; to break or alter their common seal; to fix the times and places for the meetings of the boards of examiners; filling up vacancies in the medical board; and to do and perform such other things as may be requisite for carrying this act into execution, and which may not be repugnant to the Constitution and laws of the United States: *Provided always*, That it shall and may be lawful for any person, resident as aforesaid, and not prohibited as aforesaid, when specially sent for, to come into any part of this District and administer or prescribe medicine, or perform any operation for the relief of such to whose assistance he may be sent for: *And provided also*, That nothing in this act contained shall be so construed as to prevent any person, living within or without said District, from administering medicine, or performing any surgical operation, with the consent of the person or the attendants of the person to whom such medicine is administered, or upon whom such surgical operation is performed, without fee or reward; nor to prevent the giving advice or assistance in any way to the sick or afflicted, upon charity and kindness; nor to prevent the receipt of reward for the same, if voluntarily tendered or made; nor to extend to midwifery by females; and any person so administering medicine or performing any surgical operation, not authorized to practice physic and surgery agreeably to the provisions of this act, shall be prohibited from collecting any fee or reward for the same by any process of law: *And be it further provided*, That no person shall be admitted to an examination until he shall produce satisfactory evidence that he has studied physic and surgery three years, including one full course of medical lectures, as usually taught at medical schools; or four years without such a course of lectures.

Sec. 8. *And be it further enacted*, That Congress may at any time alter, amend, or annul this act of incorporation of said society at pleasure.

JAMES K. POLK,

*Speaker of the House of Representatives.*

RD. M. JOHNSON,

*Vice-President of the United States and  
President of the Senate.*

M. VAN BUREN.

Approved July 7, 1838.

[Public—No. 138—68th Congress]

## [H. R. 4122]

An Act To amend an Act entitled "An Act to revive, with amendments, an Act to incorporate the Medical Society of the District of Columbia," approved July 7, 1838, as amended.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the Act entitled "An Act to revive, with amendments, an Act to incorporate the Medical Society of the District of Columbia," approved July 7, 1838 (Sixth Statutes at Large, page 741), as amended, be, a. the same hereby is, amended so as to read as follows:

"That Doctors George Wythe Cook, William Gerry Morgan, John B. Nichols, John D. Thomas, E. Y. Davidson, Philip S. Roy, A. L. Stavely, Henry C. Macatee, E. G. Seibert, J. Russell Verbrycke, junior, A. W. Boswell, Charles S. White, J. A. Gannon, D. S. Lamb, and Virgil B. Jackson, and such other persons as they may associate with themselves, and their successors, be, and they hereby are, constituted a body corporate not for profit, of the District of Columbia, for the purpose of promoting and disseminating medical and surgical knowledge, and for no other purpose; and not for the purpose of establishing a medical school or schools.

"Sec. 2. That the Medical Society of the District of Columbia be, and it is hereby, empowered to own, mortgage, and convey such property as may be necessary for its purposes, and to make such rules and regulations as it may require, and which may not be repugnant to the constitution or laws of the United States.

"Sec. 3. That Congress may at any time alter, amend, or annul this Act of incorporation of said society."

FRED H. GILLET,  
Speaker of the House of Representatives.

ALBERT B. CUMMINS,

President pro tempore of the Senate.

Approved May 24, 1924.

CALVIN COOLIDGE.

## CONSTITUTION AND BY-LAWS OF THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA

(As adopted in 1911 and amended; revised and readopted on May 23, 1934)

## Constitution

## Chapter I.—Name, Object and Status

Article I. The name of this organization shall be The Medical Society of the District of Columbia.

Article II. The object of this Society shall be the promotion, locally and generally, of the science and art of medicine and sanitation and the interests of the medical profession.

Article III, Section 1. This Society, chartered by Act of Congress of May 24, 1924, shall be a continuation and amalgamation of the Medical Society of the District of Columbia (founded September 26, 1817, and chartered by acts of Congress of February 16, 1819, and July 7, 1838) and the Medical Association of the District of Columbia (organized January 11, 1833).



Sec. 2. All funds, records, papers and property belonging to the Medical Society of the District of Columbia and the Medical Association of the District of Columbia at the time of their amalgamation shall become the property of this Society. All the records, minutes and important papers of these organizations shall be carefully and perpetually preserved.

Sec. 3. This Society shall be a representative medical organization of the District of Columbia, constituted and maintained in conformity with the general plan of the American Medical Association; it hereby declares its allegiance to the American Medical Association and agrees with other state and territorial medical associations to the formation and the perpetuation of the House of Delegates of the American Medical Association.

## Chapter II.—Membership

Article I. The members of this Society shall be of four classes: active, life, associate and honorary.

Article II. Every active, life, associate and honorary member of either the Medical Society of the District of Columbia or the Medical Association of the District of Columbia, or of both, in good standing at the time this Constitution goes into effect, shall *ipso facto* become a member (active, life, associate, or honorary, as the case may be) of this Society; and the order of seniority of such members shall be reckoned from the date of their first admission into either of those bodies. Seniority since the amalgamation shall be dated from the date of last admission.

Article III, Section 1. Active membership shall (with such exceptions as may occur in consequence of the operation of the foregoing section) be limited to reputable, legally-qualified practitioners of medicine who are solely or mainly engaged in the lawful practice of medicine in the District of Columbia, and who are not active members of any other component association of the American Medical Association.

Sec. 2. Applications for active membership must be made in writing on forms provided by the Society, indorsed by three active members of the Society, and sent to the Secretary-Treasurer, who shall present them at the next stated meeting of the Society and publish the list to the membership. They shall then be referred to the Committee of Censors, which shall investigate and submit a report thereon at the next ensuing stated meeting; when they shall be voted on by the Society. No application for membership that is rejected or withdrawn shall be renewed until after two years from the time of its rejection or withdrawal. Due notice of the names of all candidates to be voted on for membership at each stated meeting shall be sent to all active members. The voting shall be by individual secret ballot (in no case by empowering any officer or member to cast a unanimous ballot), and a favorable concurrence of two-thirds of the votes cast shall effect election to membership. After election each applicant shall, within three months, sign an obligation to be governed by the Constitution and By-laws of this Society and pay the dues for the current calendar year.

Sec. 3. Active members who are non-residents of and have ceased to practice medicine in the District of Columbia may, upon written request, become associate members by a two-thirds vote of the Society at any meeting.

Article IV. Life members shall be active members who have been active members for a total of forty years. They shall have all of the privileges of active membership and shall be exempt from paying dues and assessments.

Article V. Associate members shall be medical men not eligible for active membership or scientists engaged in collateral lines of research. They

shall be elected in the same manner as active members; they shall have the privilege of attending and participating in the scientific sessions of the Society, and shall receive its publications and notices of its meetings; they shall not vote or hold office in the Society, shall be subject to its discipline, and pay such dues and assessments as may be imposed by the Society. Associate members, upon becoming eligible for active membership, shall make formal application for active membership. On failure to do so within three months, they shall cease to be associate members.

Article VI. Honorary members. Any physician, scientist, or other person who deserves recognition, by reason of eminent contributions to medical or collateral science or of meritorious services to the medical profession, may be proposed for honorary membership by the Executive Committee in writing at any stated meeting. The proposal shall be considered by the Committee of Censors and reported on at the next stated meeting, and shall then be voted on by the Society in the same manner as applications for active membership. Favorable concurrence of two-thirds of the votes cast shall effect admission of the candidate as an honorary member. Honorary members shall have the privilege of attending the meetings and participating in the scientific proceedings of the Society, but shall not hold office nor vote, nor pay dues or assessments; notices of meetings need not be sent to them unless they are resident in the District of Columbia or so desire.

Article VII. Resignations shall be submitted in writing and, after being read at any regular meeting, shall be voted on at the next regular meeting, and, with the concurrence of a majority, be accepted; except that no resignation shall be accepted from a member who is indebted to the Society for dues or assessments.

### Chapter III.—Meetings

Article I, Section 1. This Society shall hold regular meetings every Wednesday during the months from October to May, inclusive, excepting the last two Wednesdays in December and May, and Wednesdays falling upon a National holiday or the day before; at eight o'clock, P. M., unless the Society by a two-thirds vote shall cancel a meeting.

Sec. 2. The first meeting in the months of January, March, May and November shall constitute the stated meetings, and shall be devoted to the transaction of the formal business of the Society. The stated meeting in May of each year shall constitute the annual meeting of the Society and shall be devoted to the reception of annual reports and other annual business, including election of officers as hereinafter provided.

Sec. 3. The first meeting of each month, other than the stated meetings, shall be devoted primarily and mainly to the transaction of the current business of the Society. All other meetings shall be devoted entirely to scientific proceedings, namely, the presentation of cases, specimens, and papers on medical subjects, and only announcements may be made and emergency business transacted. The conduct of the scientific programs of such meetings may be assigned equitably to the various sections. Social sessions may be held at any meeting.

Sec. 4. Special meetings shall be held as may be ordered by the Society or the Executive Committee, or upon the written request of any ten members.

Article II. Consideration of motions or resolutions involving an expression of the opinion of the Society in public matters shall be in order only provided due notice of the subject and time of its consideration shall have been sent to all active members.

Article III. Due notice of each regular and special meeting shall be sent to each active member, in which shall be specified, so far as possible, the program contemplated for the meeting, both as to scientific material and items of important business.

Article IV. Any business due to be transacted at any stated, regular, or special meeting of the Society may, if circumstances necessitate, by vote of the Society (or, in case of emergency, of the Executive Committee), be postponed to a specified subsequent meeting. Due notice of such postponement shall be sent to every member, and such postponed action shall be as valid as if effected at the original meeting.

Article V. This Society shall be governed and conducted exclusively by its active and life members.

Article VI. Twenty-one active and life members present shall constitute a quorum for the valid transaction of the business of the Society.

#### Chapter IV.—Dues and Assessments

Article I. Dues shall be for the calendar year and shall be paid to the Secretary-Treasurer before April 1st of each year.

Article II. Active members shall pay twenty dollars, except that members who have been graduated in medicine less than three years shall pay for their first year ten dollars, for their second year fifteen dollars, and thereafter twenty dollars.

Article III. Associate members shall pay five dollars.

Article IV. Special assessments may be proposed only by the Executive Committee at any meeting; notice of the proposed assessment shall then be sent to every member stating the regular or special meeting at which action will be taken.

Article V. Members who have not paid their dues and assessments before the first day of April of each year, shall, after due notice of their delinquency, be placed on the list of members in arrears for dues and assessments. If dues and assessments are not paid by December 31st of each year, such delinquents shall be automatically dropped from membership in the Society. Members so dropped may, after report by the Committee of Censors, be reinstated by the Society upon payment of arrears in dues and assessments.

Article VI. Dues and assessments, upon recommendation of the Executive Committee, may be temporarily or permanently remitted by a two-thirds vote at any stated meeting.

#### Chapter V.—Officers and Their Duties

Article I, Section 1. The officers of this Society shall be a President, a President-elect, who shall assume office the following year, a First and a Second Vice-President, a Secretary-Treasurer, a Delegate and an Alternate to the House of Delegates of the American Medical Association.

Sec. 2. The President shall preside over the meetings of the Society; sign papers and disbursement warrants of the Society; call special meetings at the request of the Executive Committee or any ten members; deliver an annual address during his term after January 1st; be *ex officio* a member of the Executive Committee; and perform such duties as may be imposed on him by the Society, and in general as pertain to his office.

Sec. 3. The Vice Presidents shall, in order of their rank, assume the duties of the President during his absence or inability to act.

Sec. 4. The Secretary-Treasurer shall make full records of the proceedings of the Society; and after their approval by the Society preserve them in secure and permanent bound form; he shall act as reading clerk at the meetings; he shall be custodian of the official seal of the Society and be responsible for all records, papers, and other similar property of the Society, which he shall keep in secure and accessible form; he shall obtain the signatures of newly-elected members to the obligation to be governed by the Constitution and By-laws of the Society; he shall notify members and officers of their election, inform committee appointees of their selection and the duties with which they are charged, advise persons concerned of action affecting them taken by the Society, and in general conduct the correspondence of the Society; he shall prepare proper credentials for the Delegate to the American Medical Association; he shall maintain a complete and accurate list of active, life, associate and honorary members of the Society; he shall cooperate with the Program Committee in securing and arranging for the presentation of clinical cases, specimens, and papers at the meetings of the Society; he shall, a sufficient time previously, send to all members, and to such others as may be designated, an announcement of each regular and special meeting, specifying the cases, specimens and papers to be presented, the names of all applicants for membership to be voted on, reports of the Executive Committee on the investigation of accused members to be presented or considered and acted on, amendments to the Constitution and By-laws and proposed special assessments to be voted on, postponed stated business, interim elections, and so far as possible, all important items and the general character of the business to be transacted, a notice of the names of members resigned, dropped or expelled from the Society; he shall, upon the request of an officer of a recognized section, announce upon any regular or special notice of the Society the notice of program of a meeting of that section; he shall also collect and have charge of all moneys due the Society, sending out bills therefor at proper times, deposit all moneys to the credit of the Society in a bank designated by it for that purpose, keep the accounts of the Society with its members and others, make all disbursements ordered by the Society on warrants authenticated by the President, keep an accurate record of receipts, disbursements, funds and assets; he shall be bonded at the Society's expense; at each annual meeting, or at any time he is so ordered by the Society, shall render a statement of his accounts, with vouchers, which shall be audited by the Executive Committee; he shall be ex officio a member of the Executive Committee without vote; and perform such other duties as may be imposed on him or pertain to his office. For his services he shall receive a salary of five hundred dollars per annum.

Sec. 5. The Delegate to the House of Delegates of the American Medical Association, or, if he be unable to serve, the Alternate, shall attend the sessions of the House of Delegates of the American Medical Association as the accredited representative of this Society; and shall make report thereon at the next stated meeting of the Society. The Delegate to the House of Delegates of the American Medical Association shall be a member of the Executive Committee, ex officio.

#### Chapter VI.—Election and Terms of Officers and Elective Committees

Article I. Elections shall be by ballot, and a majority of the votes cast shall be necessary to elect. In case no nominee receives a majority of the votes on the first ballot, the nominee receiving the lowest number of votes shall be dropped and a new ballot taken. This procedure shall be continued



until one of the nominees receives a majority of the votes cast, when he shall be declared elected.

Article II. Nominations for office shall be made orally at the first meeting in March. The election of officers shall be held at the annual meeting.

Article III. The fiscal year shall be from the first day of July to the following thirtieth day of June.

Article IV, Section 1. The officers, except the President, the Delegate and the Alternate, shall be elected yearly at the annual meeting, and shall assume office and serve during the following fiscal year or until their successors assume office.

Sec. 2. The President and Vice Presidents shall be ineligible for reelection until after two years from the expiration of their terms of office.

Article V. The Delegate and the Alternate (who must have been members of the American Medical Association for at least two years) shall be elected biennially at the annual meeting of odd number years to serve for the following two fiscal years.

Article VI. One elective member of the Executive Committee shall be elected yearly at the annual meeting to serve for the following four fiscal years. Elective members of the Executive Committee shall be ineligible for reelection as elective members before one year after the expiration of the four year term.

Article VII. Two elective members of the Compensation, Contract and Industrial Medicine Committee shall be elected yearly at the annual meeting to serve for the following two fiscal years.

Article VIII. Whenever a vacancy occurs in any office or elective committee, an election for the remainder of the term of office may be held at any regular meeting after due notice shall have been sent to all active members.

#### Chapter VII—Committees

Article I. There shall be standing, regular and special committees.

Article II, Section 1. The standing committees shall be an Executive Committee, a Committee of Censors, a Committee on Program, a Committee on Public Information, a House Committee, a Committee on Public Health, and a Compensation, Contract and Industrial Medicine Committee.

Sec. 2. The terms of office of all members of the present Executive Committee or of any member or members thereof taking office prior to July 1, 1938, shall terminate on that date.

Sec. 3. At the annual meeting of the Society in May, 1938, there shall be elected four members of the Executive Committee to take office July 1, 1938, and of the four so elected the one receiving the highest number of votes shall hold office for a term of four years, the next highest for three years, the next highest for two years, and the next highest for one year. Thereafter, at the annual meeting of the Society in May, there shall be elected one member of the Executive Committee who shall hold office for a term of four years. In the event of the death, resignation or other inability of an elective member to serve, or in the event of the election of such member as President, President-elect, or Delegate to the American Medical Association, the vacancy on the Executive Committee thus created may be filled by election for the unexpired term at any regular or special meeting of the Society, provided due notice

of such election shall have been sent to all active and life members. An elected member of the Executive Committee shall be ineligible for reelection to this Committee for a period of two years following the completion of his or her term of office.

Sec. 4. After July 1, 1938, the Executive Committee shall consist of the President, President-elect, and Delegate to the American Medical Association, all ex officio, and four elected members whose term of office shall be four years except as provided in Section 3 above. The Secretary of the Society shall be ex officio secretary to the Executive Committee without vote. Four members of the Committee shall constitute a quorum for the transaction of business.

Sec. 5. The chairmen of all standing committees, except the Executive Committee, shall be appointed by the President.

Sec. 6. The Compensation, Contract and Industrial Medicine Committee shall consist of four elective members and a chairman.

Sec. 7. The Committee on Public Health shall consist of not less than seventeen members.

Sec. 8. All other standing committees shall consist of five members each.

Sec. 9. All members of standing committees, except the elective members, shall be appointed by the President upon his assumption of office, to serve one year or until their successors are appointed.

Sec. 10. Vacancies in appointive positions on standing committees shall be filled by appointment by the President for the unexpired term.

Article III, Section 1. The Executive Committee shall maintain the following organization: The senior elected member shall serve as Chairman, his immediate junior as Vice Chairman, and the Secretary of the Society as Secretary without vote. It shall keep full records of its proceedings. It shall hold meetings at the discretion of its chairman or at the call of any two of its members. It shall keep informed in all matters pertaining to the objects, interests, policy and conduct of the Society, and report to the Society such recommendations as it may deem advisable. It shall exercise general oversight over the work of the officers, committees and sections. It shall annually audit the accounts of the Secretary-Treasurer. It shall supervise the affairs of the Society's publication and shall, in July of each year, elect for the term of one fiscal year, the Managing Editor and Editor of the Medical Annals of the District of Columbia and assign them their duties; it shall fill vacancies in the editorial staff by election for the unexpired term. It shall receive, investigate and report to the Society, in the manner herein prescribed, all charges against members of violation of requirements of the Constitution or By-laws. It shall endeavor to adjust minor complaints and differences of members, without reporting to the Society; subject, however, to appeal to the Society. It shall consider, report upon, and under the direction of the Society, promote or oppose legislative matters affecting the Society or the health of the community. It shall perform such duties as the Society may assign to it; in emergencies it may act for the Society, reporting such action to the Society; and it shall be subject to the control and direction of the Society. No provision of this section shall be construed to grant authority to the Executive Committee to commit the Society on any question of public policy; action on such matters shall always be in accordance with the provisions of Chapter III, Article II, of the Constitution.

Sec. 2. The Committee of Censors shall investigate and report upon all applicants for membership and receive all complaints as provided in Chapter X, Article I.



Sec. 3. The Committee on Program shall secure and arrange for the presentation of medical cases, specimens and papers at the meetings of the Society, and shall prepare the notices of the business and scientific programs of the meetings to be sent to the members by the Secretary-Treasurer.

Sec. 4. The Committee on Public Information shall disseminate among the public suitable information concerning medical and hygienic matters.

Sec. 5. The House Committee shall have general supervision of the Society's Building and all the property contained therein. It shall make all necessary purchases for emergency and minor repairs and changes to maintain the property and for the supplying of refreshments, and shall approve all bills contracted for under the authority of this provision. It shall attend to all arrangements pertaining to entertainments except the scientific program. It shall recommend to the Society such extensive and unusual repairs as may be deemed necessary for the safety and value of the property. It shall hire the service employees required and determine their compensation, subject to the approval of the Executive Committee. It shall, subject to the approval of the Executive Committee, prescribe such rules and regulations necessary for the proper government of the building and post them on the bulletin board, and shall report infractions of these rules to the Executive Committee.

Sec. 6. (a) The Committee on Public Health shall act as liaison committee between the various civic organizations and the Society. It shall be its duty to keep the Society informed of any activities which would affect in any way the health of the community and the organized profession. From time to time it shall seek the advice of the Society on such matters and actively pursue any course according to instructions from the Society.

(b) It shall maintain subcommittees on communicable diseases, on tuberculosis, on venereal diseases, on public sanitation, and on mental health, and shall appoint such other subcommittees from time to time as may be expedient to perform special duties as they may arise.

Sec. 7. (a) The Compensation, Contract and Industrial Medicine Committee shall act in matters of difference between members of the Society and insurance carriers. The chairman of the committee is empowered to appoint two members of the Society, not necessarily members of the committee, to meet with two qualified representatives of insurance carriers for the settlement of any disputed bills between physicians and carriers. No such arbitrator shall sit in any case in which he, or a party he represents, is interested. If no agreement can be reached by such arbitrators, the matter in dispute shall be referred to the full committee, and any member of the Society submitting to arbitration as herein provided shall abide by its final decision.

(b) It shall investigate all charges of unethical conduct against members of the Society as regards workmen's compensation, industrial medicine and/or contract practice; and to review contracts between physicians and employers on any matter pertaining to workmen's compensation or contract practice.

(c) In all matters pertaining to workmen's compensation and/or contract practice, it shall be a fact-finding committee and to this end shall make such investigations as it may deem proper or as it may be requested to do by the Executive Committee or by the Society.

(b) Upon failure to amicably adjust any case which has received the consideration of the committee, or if it finds that which in its opinion indicates a serious breach of medical ethics on the part of a member of the Society, it shall in such instances report its findings, with definite recommendations, to the Committee of Censors and/or the Executive Committee.

(e) It shall prepare a list of qualifications for members in compensation practice for adoption by the Society.

(f) It shall adopt a fee table for compensation work.

Article IV. Section 1. Regular committees shall be committees provided for by the Constitution, other than the standing committees. Regular committees shall be:

Sec. 2. A Nominating Committee as provided for in Chapter VI, Article II.

Sec. 3. An Obituary Committee appointed by the President upon the death of each member. It shall present a suitable memorial and resolutions to the Society at the earliest practical date.

Sec. 4. A Hospital Committee of ten members and a chairman, shall be appointed by the President upon his assumption of office to serve for one year. This committee shall investigate the ethical relations between the hospitals and dispensaries in the District of Columbia and physicians and recommend to the Society at the stated meeting in November a list of hospitals to be approved by the Society. Recommendations of changes in this approved list may be made at any business meeting. This committee shall inform the Committee of Censors of the names of members who are associated in any way with hospitals which are not on the approved list.

Sec. 5. A Medical Defense Committee as provided in the following articles:

(a) Active members of the Society are entitled, subject to the conditions and limitations hereinafter specified, to aid from the Society in defending themselves against unwarranted claims based on alleged malpractice.

(b) The Executive Committee shall appoint a committee, to be known as the Medical Defense Committee, to administer the provisions of this section. The Medical Defense Committee shall consist of three active members of the Society in good standing and the Secretary-Treasurer of the Society, ex officio. No member of the Executive Committee shall be eligible for membership on the Medical Defense Committee; in the event of the election of a member of the Medical Defense Committee to membership on the Executive Committee, his term as a member of the Medical Defense Committee shall expire on the day previous to the day when he assumes office as a member of the Executive Committee. All appointments shall be made in the month of March, to take effect on the first day of April next following and to continue for three years from and including that day. Vacancies shall be filled by appointment by the Executive Committee for the unexpired term. All appointments shall be made so that the term of one member, and of not more than one member, shall expire on March 31 of each year. Any member of the Medical Defense Committee may be removed by the Executive Committee, after hearing, for due cause.

The Medical Defense Committee shall elect a chairman in the month of April, of each year or as soon thereafter as is practicable, to serve for one year. The Secretary-Treasurer of the Society shall be an ex officio member of the Medical Defense Committee, without vote, shall serve as its Secretary, shall supply all needed clerical assistance, and shall be custodian of its records. The Medical Defense Committee shall make an annual report to the Society in the month of May of each year, with such recommendations as the committee deems proper.

(c) The Medical Defense Committee shall investigate all claims based on alleged civil malpractice referred to it by members entitled to the benefits of this section. If after the investigation a claim is believed by the committee

to be well founded, the committee, if the interested member so requests, shall endeavor to effect an equitable settlement. If a claim is believed by the committee not to be well founded, or if without fault on the part of the interested member an equitable settlement cannot be reached in a well founded claim, the committee, with the consent of the interested member, shall conduct the defense of the case. The committee, however, shall not assist in the defense of any criminal suit. The committee shall not assist in the defense of any claim if, in its judgment, the member was under the influence of narcotics or intoxicating liquor when the act or default constituting the alleged malpractice occurred, but the committee may, with the consent of the Executive Committee, cooperate with the member in the equitable adjustment of any such claim, having in mind the interests of the medical profession as well as of the offending member.

The Medical Defense Committee shall diligently inquire into the circumstances surrounding each case of alleged malpractice coming to its notice, whether the claim was referred to it by a member of the Society or came to its notice in any other manner, to ascertain the circumstances that gave rise to it. The committee may take such action as it deems proper to eliminate preventable causes that are believed to breed claims. The committee shall particularly report its findings with respect to the causes and prevention of malpractice claims, with such recommendations as it deems proper, in its annual report.

(d) The Medical Defense Committee is authorized to expend not more than three hundred dollars in the defense of any one claim, except that an additional two hundred dollars may be expended in any case in which the judgment of the Executive Committee the facts warrant and in which the Executive Committee has previously approved such additional expenditure. The interested member, however, may employ additional counsel of his own choice and at his own expense and may otherwise contribute to the defense of the case, provided that the Medical Defense Committee retains at all times complete control and direction of the case.

(e) The Society will pay no judgments rendered or compromise effected, nor will it indemnify any member on account of any such judgment or compromise.

(f) If a member applying to the Medical Defense Committee for assistance is protected by an insurance policy, indemnifying him against loss by reason of malpractice, the committee shall lend such assistance, except financial, as in its judgment is advisable.

(g) If the Medical Defense Committee decides that a member who has sought its aid is not entitled to it, the member may appeal to the Executive Committee. The judgment of the Executive Committee shall be final. If, however, a decision adverse to the member is rendered by the Executive Committee, and the member thereafter defends his case in the trial court to a successful termination, the Medical Defense Committee, with the approval of the Executive Committee, may reimburse him to the amount that the Medical Defense Committee would have expended in his defense had the committee conducted his defense in the first instance.

(h) The Executive Committee shall establish a separate fund for the purpose of carrying this Section into effect, to be known as "The Medical Defense Fund of the Medical Society of the District of Columbia." An initial allotment of fifteen hundred dollars from the general funds of the Society shall be made by the Executive Committee and placed to the credit of this fund. Thereafter one dollar shall be set aside without further action by the Executive Committee, from the annual dues of each member at the time

of the payment of such dues, and placed to the credit of this fund, until the fund amounts to three thousand dollars. Thereafter, whenever the fund falls below three thousand dollars, the Executive Committee shall allot such further amounts as may be necessary to restore it to three thousand dollars, but in no year shall the amount so allotted exceed an amount equal to one dollar for each active member of the Society. The Medical Defense Fund shall be disbursed by the Secretary-Treasurer of the Society on vouchers signed by members of the Medical Defense Committee and approved by the Executive Committee.

(i) Every active member of the Society in good standing, whose dues are paid before April 1st of any year, shall be entitled to the benefit of this section. Every member admitted to active membership subsequent to March 31 in any year, whose dues are paid at the time required by the Constitution, shall be entitled to such benefits from the time when he qualified as a member of the Society until March 31 next following.

No member shall be entitled to the benefits of this section in any case in which the cause of action arose prior to his becoming a member or prior to the date when this section became effective, or while the member is under suspension or otherwise not in good standing. The estate of a deceased member shall be entitled to the same benefits under this section as the member would be entitled to if he were living.

(j) Members entitled to and desiring the assistance of the Medical Defense Committee shall request such assistance in writing. As a condition precedent to such assistance, the member shall agree in writing that he will not compromise or settle his case without the consent of the committee and that the committee shall have complete control of the case. Without such a written agreement the Medical Defense Committee shall render only such assistance as provided in Section 5, Paragraph (f). A member desiring or receiving assistance from the committee shall immediately send to the Secretary of the committee every letter, process of court, or other evidence of a pending or threatened malpractice suit received by him and shall furnish such additional information in such detail and in such manner as the committee may require. Every member of the Society shall, on request, appear before the Medical Defense Committee and cooperate with it to the fullest extent in the investigation and the defense of any case, so far as he can ethically or legally do so.

(k) The Medical Defense Committee shall obtain the services of competent counsel as occasion requires, to advise and defend members entitled to the benefits of this section; but the member involved in any case shall have the right to employ additional counsel, at his own choice and at his own expense, provided, however, that the Medical Defense Committee retains complete control of the case.

Article V. Special committees may be established by vote of the Society for any special or temporary purpose as the needs for such committees demand.

#### Chapter VIII.—Sections

Article I. Whenever a sufficient demand therefor arises, active, life and associate members may organize sections, composed of special classes of the membership or devoted to the consideration and promotion of special branches of medical science, and art, by securing the adoption of amendments to this Constitution recognizing and establishing each section by name as a definite department of this Society. Each section shall form and maintain an organization by adopting By-laws, and annually in May electing a chairman, vice chairman, secretary and treasurer, to serve for the ensuing fiscal year. Any active, life or associate member of the Society may, at his option, join any



section, but must conform to such financial or other regulations as may be imposed by the section, under penalty in case of not so conforming of forfeiting membership in the section. Each section shall arrange for the time and place of its meetings, but shall not hold sessions at the same time with the regular meetings of the Society; by arrangement with the Society or the Committee on Program, however, the scientific proceedings of regular meetings of the Society may, either occasionally or at stated intervals, be conducted by the sections. All members of the Society shall have the right to attend the scientific sessions of any section, but not without permission or invitation to participate in the discussions (except when held at the regular meetings of the Society). So far as possible, notices of the programs of the meetings of the sections shall be sent to all the members of the Society in conjunction with the notices of the weekly meetings of the latter. The transactions of the sections may be published with the transactions and proceedings of the general Society. Sections may at any time submit to the general Society reports or recommendations for the information or action of the latter. Each section shall be governed and conducted by its own active and life members; but its proceedings and organization must conform to the Constitution and By-laws of this Society, and it shall be subject to the control of, and appeal to, the Society; provided, that it shall require a two-thirds vote of the Society to reverse any action taken by any section. The Society shall not, without its consent, be put to any expense on behalf of any section. Each section shall furnish to the Society a copy of its By-laws and all amendments thereto, and shall submit such information concerning its operations as the Society may at any time require. Each section at the annual meeting shall submit a report of its proceedings during the preceding year, giving the names of its officers, the number of its members, the number of and attendance at its meetings, the work accomplished, and in general such information as may keep the Society advised as to its activity, success and character. The existence of any section may be terminated by the adoption of an amendment to this Constitution annulling its recognition and establishment.

Article II. The following sections are recognized and established as definite departments of this Society:

- Section 1, on Internal Medicine
- Section 2, on Ophthalmology, Otology, Rhinology and Laryngology.
- Section 3, on Neurology and Psychiatry.
- Section 4, on Pathology and Laboratory Medicine.
- Section 5, on Neoplastic Diseases.
- Section 6, on Gastro-enterology.
- Section 7, on Pediatrics.

#### Chapter IX.—Professional Obligations

Article I. Section 1. The Principles of Medical Ethics of the American Medical Association shall be binding upon the members of the Society.

Sec. 2. Members shall comply when summoned as witnesses in cases under investigation by the Executive Committee; Committee of Censors; Compensation, Contract and Industrial Medicine Committee; Medical Defense Committee; and the Hospital Committee.

Sec. 3. All duties, obligations and regulations as to their professional conduct and relations with this Society and with one another which shall be imposed by the Constitution and By-laws of this Society shall be binding and mandatory upon all members, and for violation thereof they shall be subject to discipline by the Society.



Sec. 4. The following obligation shall be signed by each new member within three months of his election to membership: "I hereby agree to be governed by the Constitution and By-laws of the Medical Society of the District of Columbia, and to abide by the regulations prescribed therein."

Article II. Duties and Professional Relations of Members with Reference to Private Practice.

Section 1. In giving certificates of illness or of physical or mental condition, the physician shall have regard for the accepted code of ethics and the legal code, both of which impose upon him the duty of holding inviolate the confidential disclosures of patients, and shall not divulge the diagnosis except when required to do so by law, or under the terms of a contract to which the patient is a party, or upon the explicit request of the patient.

Sec. 2. It shall be the duty of members of this Society to discourage patients from defrauding other members, and it is expected that the members will use all just and proper means to assist one another in the collection of their fees for professional services.

Sec. 3. No member of this Society who has been called in as consulting physician shall assume sole charge of the patient, during the same illness, unless he shall have been specifically requested to do so by the attending physician.

Sec. 4. No member of this Society shall offer, solicit, give or receive any commission for recommending or referring patients for general or special treatment, diagnosis, or operation; or shall solicit or accept any commission from any pharmacist or other dealer in supplies and appliances for the sick and injured on account of patients referred to them.

Sec. 5. Any member guilty of violating any of the public laws relating to medical and surgical practice shall be subject to discipline by the Society.

Article III. Duties and Professional Relations of Members with Reference to Compensation, Contract and Industrial Practice.

Section 1. "It is unprofessional for a physician to dispose of his services under conditions that make it impossible to render adequate service to his patient or which interfere with reasonable competition among the physicians of a community. To do this is detrimental to the public and to the individual physician, and lowers the dignity of the profession." (Chap. III, Art. VI, Sec. 2, Principles of Medical Ethics, American Medical Association.) No member of the Society shall enter into a written, verbal, or implied contract or agreement of employment with any person, firm, corporation, association, club, lodge, or other similar organization, including the Federal and/or District Government, the terms of which contract or agreement are in violation of the principles herein expressed. The customary professional relationship of a physician to his patients, upon the basis of individual fees for services rendered, shall not be regarded as a contract within the meaning of this section.

Sec. 2. Every member of the Society before entering into a contract or agreement for rendering professional services shall submit a copy of his contract, if written, or a true declaration of the terms of the agreement, in writing, to the Committee on Compensation, Contract and Industrial Medicine for approval. In the event that the Committee disapproves the contract, a member may appeal to the Executive Committee.

Sec. 3. Members desiring to do compensation practice shall equip themselves to meet the qualifications provided for in Chapter VII, Article III, Section 7, paragraph (e).

Sec. 4. It shall be unprofessional for members in compensation practice to place posters, or for them or their agents to solicit work, directly or indirectly, or to charge less than the fees provided in Chapter VII, Article III, Section 7, paragraph (f).

Sec. 5. A member called to treat a patient injured in industry, and insured under the Workmen's Compensation Act, shall promptly and from time to time contact the adjuster of the company insuring the employer of the patient, making all suitable efforts to determine his identity in cases where this may be necessary, inform him of all the circumstances of the case and keep him posted on its progress. If, bearing in mind the qualifications of members doing this class of practice, the member feels aggrieved by any action of the Company, he may present the matter to the Compensation, Contract and Industrial Medicine Committee, which shall make every effort to effect a satisfactory adjustment and to safeguard the interests of the member making the appeal.

Sec. 6. Any member notified by employers and/or insurance companies to examine and/or treat an injured employee already under the care of another member can do so only after a full and frank discussion with the member in charge to the end that he, the member in charge, shall completely understand the situation; to do otherwise is unprofessional. If, following this discussion, the member in the employ of the insurance company assumes the treatment of the patient, and the member originally in charge feels himself aggrieved, he may appeal to the Compensation, Contract and Industrial Medicine Committee; and at hearings held by this committee in such cases the member in the employ of the insurance company must be prepared to justify his action, or be liable to citation to the Committee of Censors under charges of unprofessional conduct.

#### Article IV. Duties and Professional Relations of Members with Reference to Hospitals and their Medical Staffs.

Section 1. Members shall not accept appointment to, or continue to serve upon, the medical staff of any hospital or dispensary which is not approved by the Society. A list of approved hospitals and dispensaries shall be available in the Society's office.

Sec. 2. Members of the Society who are members of the staff of any hospital or dispensary, when attending patients in such hospital or dispensary, shall insist on proper payment for their services, except in the case of patients who are unable to pay.

Sec. 3. No member of the Society who is a member of the staff of any hospital receiving patients in private accommodations, shall attend such private patient, sent to the hospital by a member of the Society, unless specifically requested to do so by the physician at whose instance the patient entered the hospital.

Sec. 4. In the case of a private patient brought to a hospital or dispensary in emergency, no member of the Society, acting as a member of the staff of such hospital or dispensary, shall render other than the necessary first aid treatment, pending the arrival of the patient's physician. In every instance the patient or his nearest relative or friend shall be asked to choose a physician.

Sec. 5. No member of the Society shall engage in any professional capacity whatsoever with any organization, group or individual, by whatever name called or however organized, engaged in the practice of medicine within the District of Columbia or within 10 miles thereof, which has not been approved by the Society.

The Executive Committee is authorized and directed to prepare an approved list of organizations, groups and individuals, by whatever name called and however organized, engaged in the practice of medicine within the District of Columbia or within 10 miles thereof, and the same shall be kept in the office of the Secretary-Treasurer. Before any such organization, group or individual can be placed on the approved list of the Society, such organization, group or individual, or the member of the Society proposing professional relations therewith, shall submit to the Compensation, Contract and Industrial Medicine Committee such evidence as the Committee or the Society may require showing the character, activities, financial condition and ethical standards of said organization, group or individual, and after considering the same, said committee shall make a report of its investigation and findings to the Executive Committee for such action as it may deem necessary.

### Chapter X.—Discipline

Article I. The Committee of Censors shall receive all complaints and evidence of violations of the regulations of the Society or of alleged unprofessional and unethical practice and malpractice by members of this Society and if in its opinion the complaint or evidence is well founded, it shall prepare against the accused charges in writing, stating the facts in detail and forward them to the Executive Committee. If the Committee of Censors decides that there is no ground for action against the accused and the member or committee making the complaint does not agree with the decision, the complainant may then prepare charges in writing, stating the facts in detail and forward them to the Executive Committee.

Article II. Charges against any member or members must be submitted in writing, giving specific facts, to the Executive Committee, and shall then be fully and impartially investigated by it, the accused being given a fair hearing. Should this committee by a two-thirds vote find the accused guilty of a violation of the regulations of the Society, or of unprofessional or unethical practice or malpractice of which the committee shall be exclusive judge, it shall submit its report and recommendations in writing to the Society at a regular meeting, due notice of such prospective report to be previously sent to all active members; the matter shall then lie over until a subsequent regular or special meeting to be fixed by vote of the Society; at which meeting (of which due notice shall be sent to all active members) the matter shall be discussed and acted upon, and such punishment (reprimand, fine, suspension, expulsion, or the like) may be imposed as may be determined upon a concurrence of two-thirds of the votes cast. No punishment shall be imposed upon any member except after the foregoing procedure is carried out and by a two-thirds vote.

Article III. Proceedings for the impeachment of any officer or committee member shall be instituted and conducted in a similar manner as specified in the foregoing article.

Article IV. Any member who changes his occupation in such a way as to render him ineligible for membership in this Society may, unless he resigns, be proceeded against in the manner specified in the foregoing articles with a view to terminating his membership.

### Chapter XI.—By-laws and Amendments

Article I. By-laws not inconsistent with this Constitution may be adopted by a favorable concurrence of two-thirds of the votes cast at any stated meeting, after having been proposed in writing at a previous stated meeting and a copy thereof has been sent to all active members with a notice of the meeting at which their adoption is to be voted on.

Article II. The operation of any By-law may, at any meeting and for a definite purpose, be suspended by a two-thirds vote; but for that purpose and at that meeting only.

Article III. Amendments to this Constitution or By-laws may be submitted in writing at any stated meeting and referred to the Executive Committee for report. A copy of the proposed amendment shall be sent to each member with the notice of the following stated meeting at which action shall be taken. A favorable concurrence of two-thirds of the votes cast shall result in adoption.

Article IV. No provision of this Constitution shall be suspended or abrogated under any circumstances whatever, even by unanimous consent, except through amendment by the procedure specified in the foregoing section.

#### By-laws

Article I. Order of Business.—Section 1. The following shall be the order of business for the meetings of the Society:

1. Call to order.
2. Reading of minutes of previous meeting.
3. Reports of officers.
4. Reports of committees and sections.
5. Election of members.
6. Election of officers.
7. Correspondence.
8. Unfinished business.
9. New business.
10. Introduction of visitors.
11. Presentation of clinical cases and pathological specimens.
12. Essays.
13. Adjournment.

Sec. 2. The time devoted to business shall not exceed thirty minutes excepting at stated and special meetings and at meeting devoted to the election of officers.

Article II. Rules of Order.—The parliamentary procedure of this Society shall be governed by Robert's Rules of Order.

Article III. Visitors.—Any reputable physicians or persons engaged in collateral sciences or arts may, at the invitation of any member, attend the scientific meetings of the Society. Applicants for membership in the Society may also attend the meetings during the pendency of their applications. Medical officers of the public services while stationed in or near Washington are given a standing invitation to attend the scientific meetings of the Society and its Sections, and notices of the meetings shall at the order of the Society be sent to such as may so desire. The privilege of visiting the meetings shall always, however, be subject in individual cases to the will of the Society.

Article IV. Guest cards shall be issued only to distinguished members of the medical profession as medical educators, research workers and physicians who hold a high place in the official life of this or other Governments and who have been appointed or assigned to duty in Washington for a limited time. This does not include the regular assignment of physicians in the United States Army, Navy, or Public Health Service to local duty. Any member of the Society may nominate a Guest in writing, stating his qualifications, and forward it to the Committee of Censors, who shall report their finding to the Executive Committee where the final decision in the award of a Guest Card shall be made. The term of the Guest Card shall be for the duration of the

fiscal year in which the Guest Card is issued. Guests shall be placed on the Society's mailing list and shall be privileged to attend and take part in the scientific meetings of the Society.

**Article V. Essays.**—No papers shall be presented (without express permission) before the Society that have been previously elsewhere read or published. The time allowed for delivery of essays shall be limited to thirty minutes; for presentation of cases or specimens, to ten minutes; and for discussions, to seven minutes each; but these time limits may be extended by majority consent of the Society.

**Article VI. Motions or resolutions** involving the expenditure of money shall be referred to the Executive Committee for a report before action is taken.

**Article VII. Forms of Application for Membership.**—The following forms are prescribed for application for active and associate membership in this Society:

#### Active Membership

Washington, D. C. . . . ., 19 . . . . .

To the Medical Society of the District of Columbia:

The undersigned, a legally qualified practitioner of medicine, hereby applies for active membership in the Medical Society of said District, and respectfully submits the following information as to his qualifications therefor: Full name; date of birth; place of birth; college of graduation as Doctor of Medicine, date of such graduation; date licensed by the Commission on Licensure, license number, series; date of beginning the practice of medicine in the District of Columbia. At what times and places, other than this District, have you practiced medicine? Name the medical and scientific societies and associations of which you have been a member, indicating those in which you still retain membership. Name the public and institutional appointments which you have had, indicating the dates of such connections, and specifying the institutions with which you still retain connection. Are you solely or mainly engaged in the lawful practice of medicine in the District of Columbia? Are you engaged in any business, trade or profession, other than the practice of medicine? If so, please specify. What degrees have you, other than Doctor of Medicine? Degree, College, Year. Have you previously made application for membership in this Society? If so, when? I hereby agree to notify immediately the Secretary of this Society of any change in my address, and to inform him at once should I engage in any business, trade, or profession other than the practice of medicine, prior to the meeting at which this application is acted upon.

Appreciating the requirement for investigating my eligibility for membership in this Society, I hereby agree to permit a full investigation and discussion by the Society and the Censors, and to abide by their decision.

Signature of Applicant . . . . .

Address . . . . .

Recommended by: (The signatures of three active members of the Society indorsing the applicant must be furnished.)

**Note:**—Active membership in the Society is limited to reputable, legally qualified practitioners of medicine who are solely or mainly engaged in the lawful practice of medicine in the District of Columbia. Applications are presented at one stated meeting and voted on at the next. The stated meetings are held on the first Wednesday in January, March, May and November of each year. After election each applicant shall, within three months, make a



payment of twenty dollars\*, and sign an obligation to be governed by the Constitution and By-laws of the Society.

### Medical Society of the District of Columbia

#### Application for Active Membership

No. ....

Received ..... 19 ..... ; presented at the stated meeting held  
19 ....., and referred to the Committee of Censors for investigation and report.

Secretary.

This is to certify that we have examined as to the qualifications of the within  
named applicant and found him ..... eligible for membership in this  
Society

Censors ..... at the stated meeting held  
19 .....

Secretary.

#### Associate Membership

Washington, D. C. .... 19 .....

To the Medical Society of the District of Columbia:

The undersigned hereby applies for associate membership in the Medical Society of the District of Columbia, and submits the following information as to his qualifications therefor: Full name; date of birth; place of birth; residence; profession. State all the academic and professional degrees held by you, with the school and the date of graduation in each case. In what other business or occupation are you engaged other than the practice of your profession? How long have you been engaged in the practice of your profession? How long have you lived in your present place of residence? Name the scientific and professional societies of which you have been a member, indicating those in which you now retain membership. Name the public and institutional appointments which you have had, indicating the dates of such connections, and specifying those which you now have.

Appreciating the requirement for investigating my eligibility for membership in this Society, I hereby agree to permit a full investigation and discussion by the Society and the Censors, and to abide by their decision.

Signature of Applicant .....

Address .....

Recommended by: (The signatures of three active members of the Society in-  
dorsing the applicant must be furnished.)

### Medical Society of the District of Columbia

#### Application for Associate Membership

No. ....

Received ..... 19 ..... ; presented at the stated meeting  
held ..... 19 ....., and referred to the Committee of  
Censors for investigation and report.

Secretary.

(\*) Exception: Applicant has been graduated less than three years from  
date of election.

This is to certify that we have examined as to the qualifications of the within named applicant and found him ..... eligible for membership in this Society.

Censors ..... at the stated meeting held  
19 .....

Secretary.

**Article VIII. Fees.**—Section 1. The fees to be charged for professional services, subject, however, to the several rules which are appended, shall be maintained in the Society's office for the information of the membership.

Sec. 2. The table provided for in Section 1 contains the standard fees which shall be demanded; they shall be increased according to the judgment of the practitioner concerned, in all cases of extraordinary detention or attendance; also in proportion to the importance of the case, of the responsibility attached to it, and to the services rendered, when these are extraordinary. They shall be diminished at the discretion of the physician when he believes that the patient cannot afford to pay the regular fees, and yet is able to make some compensation; but diminishing the fees, except for motives of charity and benevolence is a violation of this regulation.

Sec. 3. Graduates in medicine are not entitled to gratuitous services unless they devote their entire time to the practice of medicine or by reason of age or infirmity have retired from the regular practice of medicine, or unless such graduates in medicine are in indigent circumstances.

Sec. 4. It is not designated by these regulations to prevent gratuitous services to those who are incapable of making remuneration without distressing themselves or their families.

## PRINCIPLES OF MEDICAL ETHICS OF THE AMERICAN MEDICAL ASSOCIATION \*

### Chapter I.—General

**Section 1. The Physician's Responsibility.**—A profession has for its prime object the service it can render to humanity; reward or financial gain should be a subordinate consideration. The practice of medicine is a profession. In choosing this profession an individual assumes an obligation to conduct himself in accord with its ideals.

Sec. 2. **Groups and Clinics.**—The ethical principles actuating and governing a group or clinic are exactly the same, as those applicable to the individual. As a group or clinic is composed of individual doctors, each of whom, whether employer, employee or partner, is subject to the principles of ethics herein elaborated, the uniting into a business or professional organization does not relieve them either individually or as a group from the obligation they assume when entering the profession.

### Chapter II.—The Duties of Physicians to Their Patients

**Section 1. Patience, Delicacy and Secrecy.**—Patience and delicacy should characterize all the acts of a physician. The confidences concerning individual or domestic life entrusted by a patient to a physician and the defects of disposition or flaws of character observed in patients during medical attendance should be held as a trust and should never be revealed except when imperatively required by the laws of the state. There are occasions, however, when a

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physician must determine whether or not his duty to society requires him to take definite action to protect a healthy individual from becoming infected, because the physician has knowledge, obtained through the confidences entrusted to him as a physician, of the communicable disease to which the healthy individual is about to be exposed. In such a case, the physician should act as he would desire another to act toward one of his own family under like circumstances. Before he determines his course, the physician should know the civil law of his commonwealth concerning privileged communications.

**Sec. 2. Prognosis.**—A physician should give timely notice of dangerous manifestations of the disease to the friends of the patient: He should neither exaggerate nor minimize the gravity of the patient's condition. He should assure himself that the patient or his friends have such knowledge of the patient's condition as will serve the best interests of the patient and the family.

**Sec. 3. Patients Must Not Be Neglected.**—A physician is free to choose whom he will serve. He should, however, always respond to any request for his assistance in an emergency or whenever temperate public opinion expects the service. Once having undertaken a case, a physician should not abandon or neglect the patient because the disease is deemed incurable; nor should he withdraw from the case for any reason until a sufficient notice of a desire to be released has been given the patient or his friends to make it possible for them to secure another medical attendant.

### Chapter III.—The Duties of Physicians to Each Other and to the Profession at Large

#### Article I. Duties to the Profession

**Section 1. Uphold Honor of Profession.**—The obligation assumed on entering the profession requires the physician to comport himself as a gentleman and demands that he use every honorable means to uphold the dignity and honor of his vocation, to exalt its standards and to extend its sphere of usefulness. A physician should not base his practice on an exclusive dogma or sectarian system, for "sects are implacable despots; to accept their thralldom is to take away all liberty from one's action and thought." (Nicon, father of Galen.)

**Sec. 2. Medical Societies.**—In order that the dignity and honor of the medical profession may be upheld, its standards exalted, its sphere of usefulness extended, and the advancement of medical science promoted, a physician should associate himself with medical societies and contribute his time, energy and means in order that these societies may represent the ideals of the profession.

**Sec. 3. Deportment.**—A physician should be "an upright man, instructed in the art of healing." Consequently, he must keep himself pure in character and conform to a high standard of morals, and must be diligent and conscientious in his studies. "He should also be modest, sober, patient, prompt to do his whole duty without anxiety; pious without going so far as superstition, conducting himself with propriety in his profession and in all the actions of his life." (Hippocrates.)

**Sec. 4. Advertising.**—Solicitation of patients by physicians as individuals, or collectively in groups by whatsoever name these be called, or by institutions or organizations, whether by circulars or advertisements, or by personal communications, is unprofessional. This does not prohibit ethical institutions from a legitimate advertisement of location, physical surroundings and special class—if any—of patients accommodated. It is equally unprofessional to procure patients by indirection through solicitors or agents of any kind, or by indirect advertisement, or by furnishing or inspiring newspaper or magazine comments

concerning cases in which the physician has been or is concerned. All other like self-laudations defy the traditions and lower the tone of any profession and so are intolerable. The most worthy and effective advertisement possible, even for a young physician, and especially with his brother physicians, is the establishment of a well-merited reputation for professional ability and fidelity. This cannot be forced, but must be the outcome of character and conduct. The publication or circulation of ordinary simple business cards, being a matter of personal taste or local custom, and sometimes of convenience, is not per se improper. As implied, it is unprofessional to disregard local customs and offend recognized ideals in publishing or circulating such cards.

It is unprofessional to promise radical cures; to boast of cures and secret methods of treatment or remedies; to exhibit certificates of skill or of success in the treatment of diseases; or to employ any methods to gain the attention of the public for the purpose of obtaining patients.

**Sec. 5. Patents and Perquisites.**—It is unprofessional to receive remuneration from patents for surgical instruments or medicines; to accept rebates on prescriptions or surgical appliances, or perquisites from attendants who aid in the care of patients.

**Sec. 6. Medical Laws—Secret Remedies.**—It is unprofessional for a physician to assist unqualified persons to evade legal restrictions governing the practice of medicine; it is equally unethical to prescribe or dispense secret medicines or other secret remedial agents, or manufacture or promote their use in any way.

**Sec. 7. Safeguarding the Profession.**—Physicians should expose without fear or favor, before the proper medical or legal tribunals, corrupt or dishonest conduct of members of the profession. All questions affecting the professional reputation or standing of a member or members of the medical profession should be considered only before proper medical tribunals in executive sessions or by special or duly appointed committees on ethical relations. Every physician should aid in safeguarding the profession against the admission of its ranks of those who are unfit or unqualified because deficient either in moral character or education.

## Article II. Professional Services of Physicians to Each Other

**Section 1. Physicians Dependent on Each Other.**—Experience teaches that it is unwise for a physician to treat members of his own family or himself. Consequently, a physician should always cheerfully and gratuitously respond with his professional services to the call of any physician practicing in his vicinity, or of the immediate family dependents of physicians.

**Sec. 2. Compensation for Expenses.**—When a physician from a distance is called on to advise another physician or one of his family dependents, and the physician to whom the service is rendered is in easy financial circumstances, a compensation that will at least meet the traveling expenses of the visiting physician should be proffered. When such a service requires an absence from the accustomed field of professional work of the visitor that might reasonably be expected to entail a pecuniary loss, such loss should, in part at least, be provided for in the compensation offered.

**Sec. 3. One Physician to Take Charge.**—When a physician or a member of his dependent family is seriously ill, he or his family should select a physician from among his neighboring colleagues to take charge of the case. Other physicians may be associated in the care of the patient as consultants.

## Article III. Duties of Physician in Consultations

**Section 1. Consultations Should Be Encouraged.**—In serious illness, especially in doubtful or difficult conditions, the physician should request consultations.

**Sec. 2. Consultation for Patient's Benefit.**—In every consultation, the benefit to be derived by the patient is of first importance. All the physicians interested in the case should be frank and candid with the patient and his family. There never is occasion for insincerity, rivalry or envy and these should never be permitted between consultants.

**Sec. 3. Punctuality.**—It is the duty of a physician, particularly in the instance of a consultation, to be punctual in attendance. When, however, the consultant or the physician in charge is unavoidably delayed, the one who first arrives should wait for the other for a reasonable time, after which the consultation should be considered postponed. When the consultant has come from a distance, or when for any reason it will be difficult to meet the physician in charge at another time, or if the case is urgent, or if it be the desire of the patient, he may examine the patient and mail his written opinion, or see that it is delivered under seal, to the physician in charge. Under these conditions, the consultant's conduct must be especially tactful; he must remember that he is framing an opinion without the aid of the physician who has observed the course of the disease.

**Sec. 4. Patient Referred to Specialist.**—When a patient is sent to one specially skilled in the care of the condition from which he is thought to be suffering, and for any reason it is impracticable for the physician in charge of the case to accompany the patient, the physician in charge should send to the consultant by mail, or in the care of the patient under seal, a history of the case, together with the physician's opinion and an outline of the treatment, or so much of this as may possibly be of service to the consultant; and as soon as possible after the case has been seen and studied, the consultant should address the physician in charge and advise him of the results of the consultant's investigation of the case. Both these opinions are confidential and must be so regarded by the consultant and by the physician in charge.

**Sec. 5. Discussions in Consultation.**—After the physicians called in consultation have completed their investigations of the case, they should meet by themselves to discuss conditions and determine the course to be followed in the treatment of the patient. No statement or discussion of the case should take place before the patient or friends, except in the presence of all the physicians attending or by their common consent; and no opinions or prognostications should be delivered as a result of the deliberations of the consultants, which have not been concurred in by the consultants at their conference.

**Sec. 6. Attending Physician Responsible.**—The physician in attendance is in charge of the case and is responsible for the treatment of the patient. Consequently, he may prescribe for the patient at any time and is privileged to vary the mode of treatment outlined and agreed on at a consultation whenever, in his opinion, such a change is warranted. However, at the next consultation, he should state his reasons for departing from the course decided on at the previous conference. When an emergency occurs during the absence of the attending physician, a consultant may provide for the emergency and the subsequent care of the patient until the arrival of the physician in charge, but should not do more than this without the consent of the physician in charge.

**Sec. 7. Conflict of Opinion.**—Should the attending physician and the consultant find it impossible to agree in their view of a case another consultant should be called to the conference or the first consultant should withdraw. However, since the consultant was employed by the patient in order that his opinion might be obtained, he should be permitted to state the result of his study of the case to the patient, or his next friend in the presence of the physician in charge.



**Sec. 8. Consultant and Attendant.**—When a physician has attended a case as a consultant, he should not become the attendant of the patient during that illness except with the consent of the physician who was in charge at the time of the consultation.

#### Article IV. Duties of Physicians in Cases of Interference

**Section 1. Criticism to Be Avoided.**—The physician, in his intercourse with a patient under the care of another physician, should observe the strictest caution and reserve; should give no disingenuous hints relative to the nature and treatment of the patient's disorder; nor should the course of conduct of the physician, directly or indirectly, tend to diminish the trust reposed in the attending physician. In embarrassing situations, or wherever there may seem to be a possibility of misunderstanding with a colleague, the physician should always seek a personal interview with his fellow.

**Sec. 2. Social Calls on Patient of Another Physician.**—A physician should avoid making social calls on those who are under the professional care of other physicians without the knowledge and consent of the attendant. Should such a friendly visit be made, there should be no inquiry relative to the nature of the disease or comment upon the treatment of the case, but the conversation should be on subjects other than the physical condition of the patient.

**Sec. 3. Services to Patient of Another Physician.**—A physician should never take charge of or prescribe for a patient who is under the care of another physician, except in an emergency, until after the other physician has relinquished the case or has been properly dismissed.

**Sec. 4. Criticism to Be Avoided.**—When a physician does succeed another physician in the charge of a case, he should not make comments on or insinuations regarding the practice of the one who preceded him. Such comments or insinuations tend to lower the esteem of the patient for the medical profession and so react against the critic.

**Sec. 5. Emergency Cases.**—When a physician is called in an emergency and finds that he has been sent for because the family attendant is not at hand, or when a physician is asked to see another physician's patient because of an aggravation of the disease, he should provide only for the patient's immediate need and should withdraw from the case on the arrival of the family physician after he has reported the condition found and the treatment administered.

**Sec. 6. When Several Physicians Are Summoned.**—When several physicians have been summoned in a case of sudden illness or of accident, the first to arrive should be considered the physician in charge. However, as soon as the exigencies of the case permit, or on the arrival of the acknowledged family attendant or the physician the patient desires to serve him, the first physician should withdraw in favor of the chosen attendant; should the patient or his family wish some one other than the physician known to be the family physician to take charge of the case the patient should advise the family physician of his desire. When, because of sudden illness or accident, a patient is taken to a hospital, the patient should be returned to the care of his known family physician as soon as the condition of the patient and the circumstances of the case warrant this transfer.

**Sec. 7. A Colleague's Patient.**—When a physician is requested by a colleague to care for a patient during his temporary absence, or when, because of an emergency, he is asked to see a patient of a colleague, the physician should treat the patient in the same manner and with the same delicacy as he would have one of his own patients cared for under similar circumstances. The patient should be returned to the care of the attending physician as soon as possible.

**Sec. 8. Relinquishing Patient to Regular Attendant.**—When a physician is called to the patient of another physician during the enforced absence of that physician, the patient should be relinquished on the return of the latter.

**Sec. 9. Substituting in Obstetric Work.**—When a physician attends a woman in labor in the absence of another who has been engaged to attend, such physician should resign the patient to the one first engaged, upon his arrival; the physician is entitled to compensation for the professional services he may have rendered.

#### Article V. Differences Between Physicians

**Section 1. Arbitration.**—Whenever there arises between physicians a grave difference of opinion which cannot be promptly adjusted, the dispute should be referred for arbitration to a committee of impartial physicians, preferably the Board of Censors of a component county society of the American Medical Association.

#### Article VI. Compensation.

**Sec. 1. Limits of Gratuitous Service.**—The poverty of a patient and the mutual professional obligation of physicians should command the gratuitous services of a physician. But endowed institutions and organizations for mutual benefit, or for accident, sickness and life insurance, or for analogous purposes, have no claim upon physicians for unremunerated services.

**Sec. 2. Contract Practice.**—It is unprofessional for a physician to dispose of his services under conditions that make it impossible to render adequate service to his patient or which interfere with reasonable competition among the physicians of a community. To do this is detrimental to the public and to the individual physician, and lowers the dignity of the profession.

By the term "contract practice" as applied to medicine is meant the carrying out of an agreement between a physician or a group of physicians, as principals or agents, and a corporation, organization or individual, to furnish partial or full medical services to a group or class of individuals for a definite sum or a fixed rate per capita.

Contract practice per se is not unethical. However, certain features or conditions if present make a contract unethical, among which are: 1. When there is solicitation of patients, directly or indirectly. 2. When there is underbidding to secure the contract. 3. When the compensation is inadequate to assure good medical service. 4. When there is interference with reasonable competition in a community. 5. When free choice of a physician is prevented. 6. When the conditions of employment make it impossible to render adequate service to the patients. 7. When the contract because of any of its provisions or practical results is contrary to sound public policy.

Each contract should be considered on its own merits and in the light of surrounding conditions. Judgment should not be obscured by immediate, temporary or local results. The decision as to its ethical or unethical nature must be based on the ultimate effect for good or ill on the people as a whole.

**Sec. 3. Commissions.**—When a patient is referred by one physician to another for consultation or for treatment, whether the physician in charge accompanies the patient or not, it is unethical to give or to receive a commission by whatever term it may be called or under any guise or pretext whatsoever.

**Sec. 4. Direct Profits to Lay Groups.**—It is unprofessional for a physician to dispose of his professional attainments or services to any lay body, organization, group or individual, by whatever name called, or however organized, under terms or conditions which permit a direct profit from the fees, salary or compensation received to accrue to the lay body or individual employing him. Such a procedure is beneath the dignity of professional practice, is unfair competi-

tion with the profession at large, is harmful alike to the profession of medicine and the welfare of the people, and is against sound public policy.

#### Chapter IV.—The Duties of the Profession to the Public

**Section 1. Physicians as Citizens.**—Physicians, as good citizens and because their professional training specially qualifies them to render this service, should give advice concerning the public health of the community. They should bear their full part in enforcing its laws and sustaining the institutions that advance the interests of humanity. They should cooperate especially with the proper authorities in the administration of sanitary laws and regulations. They should be ready to counsel the public on subjects relating to sanitary police, public hygiene and legal medicine.

**Sec. 2. Public Health.**—Physicians, especially those engaged in public health work, should enlighten the public regarding quarantine regulations; on the location, arrangement and dietaries of hospitals, asylums, schools, prisons and similar institutions; and concerning measures for the prevention of epidemic and contagious diseases. When an epidemic prevails, a physician must continue his labors for the alleviation of suffering people, without regard to the risk to his own health or life or to financial return. At all times, it is the duty of the physician to notify the properly constituted public health authorities of every case of communicable disease under his care, in accordance with the laws, rules and regulations of the health authorities of the locality in which the patient is.

**Sec. 3. Public Warned.**—Physicians should warn the public against the devices practiced and the false pretensions made by charlatans which may cause injury to health and loss of life.

**Sec. 4. Pharmacists.**—By legitimate patronage, physicians should recognize and promote the profession of pharmacy; but any pharmacist, unless he be qualified as a physician, who assumes to prescribe for the sick, should be denied such countenance and support. Moreover, whenever a druggist or pharmacist dispenses deteriorated or adulterated drugs, or substitutes one remedy for another designated in a prescription, he thereby forfeits all claims to the favorable consideration of the public and physicians.

#### Conclusion

While the foregoing statements express in a general way the duty of the physician to his patients, to other members of the profession and to the profession at large, as well as of the profession to the public, it is not to be supposed that they cover the whole field of medical ethics, or that the physician is not under many duties and obligations besides these herein set forth. In a word, it is incumbent on the physician that under all conditions, his bearing toward patients, the public and fellow practitioners should be characterized by a gentlemanly deportment and that he constantly should behave toward others as he desires them to deal with him. Finally, these principles are primarily for the good of the public, and their enforcement should be conducted in such a manner as shall deserve and receive the endorsement of the community.

Certificate Number 25995

State of Illinois

Office of the Secretary of State

To all to whom these Presents Shall Come, Greeting:

I, Edward J. Hughes, Secretary of State of the State of Illinois, do hereby certify that the following and hereto attached is a true photostatic copy of the Certificate of Incorporation and all amendments thereto of American Medical Association, the original of which is now on file and a matter of record in this office.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois. Done at the City of Springfield this 16th day of February A. D. 1939.

Edward J. Hughes, Secretary of State (Seal).

1-13935

State of Illinois

Department of State

James A. Rose, Secretary of State

To all to Whom these Presents Shall Come—Greeting:

Whereas, a certificate, duly signed and acknowledged, having been filed in the office of the Secretary of State, on the 14th day of April A. D. 1897, for the organization of the American Medical Association, under and in accordance with the provisions of "An Act Concerning Corporations," approved April 18, 1872, and in force July 1, 1872, a copy of which certificate is hereto attached.

Now, therefore, I, James A. Rose, Secretary of State of the State of Illinois, by virtue of the powers and duties vested in me by law, do hereby certify that the said American Medical Association is a legally organized Corporation under the laws of this State.

In testimony whereof, I hereto set my hand and cause to be affixed the Great Seal of State. Done at the city of Springfield, this 14th day of April in the year of our Lord

one thousand eight hundred and 97 and of the Independence of the United States the one hundred and 21st.

James A. Rose, Secretary of State. (Seal.)

3-907

2-13935

STATE OF ILLINOIS,  
Cook County, ss:

To James A. Rose, Secretary of State:

We the Undersigned, David W. Graham, James T. Priestly and Joseph Eastman, citizens of the United States, propose to form a Corporation under an act of the General Assembly of the State of Illinois, entitled, "An Act concerning Corporations," approved April 18th, 1872, and all acts amendatory thereof, and that for the purposes of such organization we hereby state as follows, to-wit:

1. The name of such Corporation is the American Medical Association.

2. The object for which it is formed is to promote the science and art of medicine.

3. The management of the aforesaid American Medical Association shall be vested in a Board of nine (9) Trustees, who are to be elected as the by-laws direct.

4. The following persons are hereby selected as the Trustees to control and manage said Corporation for the first year of its corporate existence, viz: Alonzo Garcelon, G. C. Savage, I. N. Love, E. L. Montgomery, J. M. Matthews and C. A. L. Peed, David W. Graham, James T. Priestly and Joseph Eastman.

5. The location is in the City of Chicago in the County of Cook, State of Illinois.

(Signed) David W. Graham, James Taggart Priestly, Joseph Eastman.



STATE OF IOWA,  
Polk County, ss:

I, O. G. Jordan, Clerk of the District Court, the same being a Court of Record, in and for said County, do hereby certify that R. Blanche Simpson before whom the annexed instrument was proven, was at the — hereof, and now is an acting Notary Public duly qualified to act as such; that under the laws of Iowa, -he is authorized to take acknowledgment and proof of deeds, administer oaths, etc.; that the annexed instrument is duly executed and acknowledged according to the laws of said State; that I am well acquainted with the signature of the said R. Blanche Simpson and believe the one subscribed to the annexed Instrument and purporting to be hers to be genuine.

In Witness Whereof, I have hereunto subscribed my name and affixed the seal of said District Court, at my office in Des Moines, this seventh day of April, A. D. 1897.

O. G. Jordan, Clerk of the District Court. (Seal.)

4-13935

STATE OF IOWA,  
County of Polk, ss:

I, R. Blanche Simpson, a Notary Public in and for the City of Des Moines, Polk County and State aforesaid, do hereby certify that on this 9th day of March A. D. 1897 personally appeared before me James T. Priestley to me personally known to be the same person who executed the foregoing statement, and acknowledged that he had executed the same for the purposes therein set forth.

In witness whereof, I have hereunto set my hand and seal, the day and year above written.

R. Blanche Simpson, Notary Public. (Seal.)

7-13935

STATE OF ILLINOIS,  
County of Cook, ss:

I, Thomas H. Gault, a Notary Public in and for the City of Chicago, County and State aforesaid, do hereby certify

that on this 4th day of March A. D. 1897, personally appeared before me David W. Graham, to me personally known to be the same person who executed the foregoing statement, and acknowledged that he had executed the same for the purposes therein set forth.

In Witness Whereof, I have hereunto set my hand and seal the day and year above written.

Thomas H. Gault, Notary Public. (Seal.)

[Endorsed:] The American Medical Association. Certificate. By 759. No. 37308. 3.50. Filed Apr. 14, 1897. James A. Rose, Sec'y of State.

6-13935

STATE OF INDIANA,

Marion County, Set:

I, James W. Fesler, Clerk of the County of Marion, in the State of Indiana, and also Clerk of the Circuit Court, within and for said County and State, the same being a Court of Record, and having a seal, do hereby certify that Charles E. Coffin, whose name is subscribed to the acknowledgement of the annexed instrument, was at the time of taking such acknowledgement to-wit: March 8, 1897 an acting Notary Public within and for the County aforesaid, duly commissioned and qualified, and authorized by the laws of the State of Indiana, to take and certify the same, as well as to take and certify all affidavits, and the acknowledgement and proof of deeds or conveyances, and all other instruments of writing.

And further that I am well acquainted with the handwriting of said Charles E. Coffin and verily believe that the signature to said Certificate or Proof of Acknowledgement or Jurat is genuine, and that said instrument is executed and acknowledged according to the laws of the State of Indiana.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of the said Court and County, at Indianapolis, Indiana, this 5th day of April A. D. 1897.

James W. Fesler, Clerk. (Seal.)

5-13935

STATE OF INDIANA,

County of Marion, ss:

I, Charles E. Coffin, a Notary Public in and for the City of Indianapolis, Marion County and State aforesaid, do

hereby certify that on the 8th day of March A. D. 1897, personally appeared before me Joseph Eastman, to me personally known to be the same person who executed the foregoing statement, and acknowledged that he had executed the same for the purposes therein set forth.

In witness whereof, I have hereunto set my hand and seal, the day and year above written.

Charles E. Coffin, Notary Public. (Seal.)

8-13935

American Medical Association

### Certificate of Change in Its Articles of Association

STATE OF ILLINOIS,

County of Cook, ss:

We Hereby Certify, that at an Annual Meeting of the members of the American Medical Association, held at Saratoga Springs, in the State of New York, on the 13th day of June, 1902, the Articles of Incorporation or Association of said American Medical Association were amended in the following manner, (more than four-fifths of the members of said Association present and participating, voting in favor of said changes):

By amending Sections 1 and 2 thereof, by striking out all after said members 1 and 2 respectively, and inserting in lieu thereof the following:

#### "Constitution, or Articles of Incorporation

Article I.—Title of the Association, or Corporation.

The name and title of this organization shall be The American Medical Association.

Article II.—Object of the Association, or Corporation.

The object of this Association shall be to federate into one compact organization the medical profession of the United States, for the purpose of fostering the growth and diffusion of medical knowledge, of promoting friendly inter-

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course among American physicians, of safeguarding the material interests of the medical profession, of elevating the standard of medical education, of securing the enact-

ment and enforcement of medical laws, of enlightening and directing public opinion in regard to the broad problems of state medicine, and of representing to the world the practical accomplishments of scientific medicine, with power to acquire and hold property, publish Journals, etc.

**Article III.—Composition of the Association, or Corporation.**

**Section 1.** This Association shall consist of Members, Members by Invitation, Honorary Members, Associate Members and Delegates.

**Sec. 2. Members.**—Members shall consist of such members of the state societies, together with their affiliated local societies, entitled to representation in this Association as shall make application for admission, in writing to the Treasurer, and accompany said application with a certificate of good standing signed by the president and secretary of the society of which they are members, and the annual fee.

**Sec. 3. Members by Invitation.**—Members by Invitation shall consist of distinguished physicians of foreign countries who may be invited by the officers of Sections or of the Association. They shall hold their connection with this Association until the close of the annual session to which they are invited, and shall be entitled to participate in all of its affairs, as in the case of members, but they shall not be assessed the annual dues.

**Sec. 4. Honorary Members.**—Honorary Members shall be physicians of foreign countries who have risen to pre-eminence in the profession of medicine.

**Sec. 5. Associate Members.**—Representative teachers and students of the allied sciences, not physicians, may become Associate Members by the vote of the House of Delegates.

**Sec. 6. Delegates.**—Delegates shall consist of such members of the affiliated state and territorial medical societies and of the medical service of the United States Army, of the United States Navy, and of the United States Marine-Hospital Service as shall be chosen in accordance with the provisions of the Constitution, or Articles of Incorporation, and By-Laws of The American Medical Association.

## Article IV.--House of Delegates

Section 1. —There shall be a House of Delegates which shall consist of (1) delegates elected by the permanently-organized state and territorial medical societies in affiliation with this Association; (2) delegates elected by each of the component scientific Sections of this Association; (3) one delegate each from the medical departments of the United States Army and United States Navy, and one from the United States Marine-Hospital Service.

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Sec. 2.—The total membership of the House of Delegates shall not exceed 150, and the delegates representing the affiliated state and territorial medical societies shall be apportioned among the several affiliated state and territorial medical organizations in direct ratio to their true membership.

## Article V.—Sections

In order that its appropriate scientific work may be expeditiously and systematically performed this Association shall be divided into Sections, each of which shall be devoted to the encouragement and pursuit of knowledge in one of the recognized branches into which the science and art of medicine are for convenience divided. New Sections may be organized, or existing Sections discontinued, from time to time as necessity arises and when authorized by the House of Delegates.

## Article VI.—Branches

The House of Delegates shall have authority to provide for and to create such branch organizations as may be deemed essential to the promotion of the welfare of the medical profession.

## Article VII.—Sessions and Meetings.

The Association shall hold an Annual Session, during which there shall be held daily a General Meeting, which shall be open to all registered members and delegates. The place and time for holding each Annual Session shall be determined for each next succeeding year by the House of Delegates.



### Article VIII.—Officers.

Section 1.—The officers of this Association shall be a President, four Vice-Presidents, a Secretary, a Treasurer, and nine Trustees.

Sec. 2.—The officers of this Association shall be elected by the House of Delegates.

Sec. 3.—Each officer, with the exception of the Trustee, shall hold office for one year, or until his successor is elected and installed. Three Trustees shall be elected annually by the House of Delegates for a term of three years.

Sec. 4.—No member of the House of Delegates shall be eligible to any of the offices mentioned in the foregoing sections of this article.

### Article IX.—Funds and Appropriations.

Funds for meeting its current expenses and awards from year to year shall be raised by the Association, by an equal assessment of not more than ten dollars annually on each of the members; by voluntary contributions for specific

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objects; and from the profits of its publications. Funds may be appropriated by the House of Delegates in accordance with the articles of incorporation for defraying the expenses of its annual meetings; for publication; for enabling standing committees to fulfill their respective duties, conduct their correspondence, and procure materials necessary for the completion of their stated annual reports; for the encouragement of scientific investigation by prizes and awards of merit; and for defraying the expenses incidental to specific investigation.

### Article X.—Referendum.

Section 1.—The General Session shall have the right to discuss questions referred to it by the House of Delegates, and it may, by a two-thirds vote, order a general referendum on any question pending before the House of Delegates.

Sec. 2.—The House of Delegates shall, upon a two-thirds vote of its own members or upon a two-thirds vote of the General Meeting, submit any question, either through The

Journal or by mail, to the general membership for final vote; and if the persons voting shall comprise a majority of the members, the majority of such votes cast shall determine the question, and this vote shall be binding upon the House of Delegates.

#### Article XI.—Amendments.

The House of Delegates shall have authority to amend any article of this Constitution, or Articles of Incorporation, by a three-fourths vote of all the members composing the House of Delegates.

And Section 3 of said Articles of Incorporation was amended by striking out all after the figure 3, and inserting in lieu thereof the following:

“The Management of the aforesaid, The American Medical Association, shall be vested in a Board of Ten Trustees, of whom the President of the Association, from time to time, shall be ex officio one, to be elected as in these Articles of Incorporation, and the By-laws of said Association or Corporation directed.”

AND WE FURTHER CERTIFY, that the said Annual Meeting of said Association, so held at Saratoga Springs, on the 10th, 11th, 12th, 13th days of June, 1902, was, upon motion, duly adjourned on the 13th day of June, 1902, to meet at 103 State Street, Chicago, Illinois, on the 16th day of June; that the adjourned session of the Annual Meeting of said American Medical Association was duly held at 103 State Street, Chicago, Illinois, pursuant to the said adjournment, and that at the said adjourned session of said Annual Meeting, so held in Chicago, Illinois, (more than a quorum being present); the previous action of the Meeting, in adopting the said Amendment to the Articles of Incorporation, above set forth, were approved by the unanimous vote of all the members present.

IN WITNESS WHEREOF, we have hereunto set our hands and affixed the Seal of said Corporation, this 20th day of June, A.D. 1902.

Frank Billings, President. George H. Simmons, Secretary.

(Corporate Seal.)

**American Medical Association.**

**Certificate of Change in Its Articles of Association.**

**Box 759, No. 37,308.**

**Made in June, 1902.**

**Filed June 27, 1902.**

**James A. Rose, Sec'y of State.**

**American Medical Association**

**Certificate of Change in Its Articles of Incorporation.**

**STATE OF ILLINOIS,  
County of Cook, ss.**

I hereby certify that at the regular annual meeting of the American Medical Association, for the year 1904, legally called and held, the Articles of Incorporation of said American Medical Association, as amended by amendment filed with the Secretary of State, June 27, 1902, were amended in the following manner (more than three fourths of all the members composing the House of Delegates voting in favor of such changes):

**I.**

By striking out the title in such amendment "Constitution or Articles of Incorporation", and also by striking out of the said amendment, articles 1 to 11, both inclusive, and substituting in lieu thereof the following:

**1. The name of such corporation is AMERICAN MEDICAL ASSOCIATION.**

**2. The object for which it is formed is to promote the science and art of medicine.**

**II.**

**By amending section 3 of the Articles of Incorporation, as amended, by striking out all after the figure 3, and inserting in lieu thereof the following:**

The management of the aforesaid American Medical Association shall be vested in a Board of nine Trustees, who are to be selected as the by-laws direct.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the said corporation, this 23rd day of September, A.D. 1904.

George H. Simmons, Secretary. (Seal.)

Change of Articles of American Medical Assn.

Box 759, No. 37308.

Filed Sept. 24, 1904.

James A. Rose, Sec'y of State.

Certified Copy of

State of Illinois,

Office of the Secretary of State

CONSTITUTION AND BY-LAWS OF THE AMERICAN MEDICAL ASSOCIATION, 1938

American Medical Association, 535 North Dearborn Street, Chicago

#### Constitution

##### Article 1.—Title and Definition

The name of this corporation is the American Medical Association; it is a federacy\* of its constituent associations.

##### Article 2.—Objects

The objects of the Association are to promote the science and art of medicine and the betterment of public health.

##### Article 3.—Constituent Associations

Constituent associations are those state and territorial medical associations which are, or which may hereafter be, federated to form the American Medical Association, in accordance with this Constitution and By-Laws.

##### Article 4.—Component Societies

Component societies are those county or district medical societies contained within the territory of and chartered by the respective constituent associations.

##### Article 5.—House of Delegates

Section 1. The legislative powers of the Association reside in the House of Delegates. The House of Delegates shall transact all business of the Asso-

\* Federacy: A federation or union of several states under one central authority, consisting of delegates from each state in matters of general policy but self-governing in local matters. American Dictionary and Cyclopedia.

ciation not otherwise specifically provided for in this Constitution and By-Laws, and shall elect the general officers.

Sec. 2.—Composition.—The House of Delegates is composed of delegates elected by the constituent associations and by the Sections of the Scientific Assembly, and of delegates from the Medical Departments of the Army and the Navy and the Public Health Service, appointed by the Surgeon-General of the respective departments. The Trustees, the ex-Presidents of the Association and the members of the several Councils shall be ex officio members of the House of Delegates without the right to vote, provided that members of the Councils who are also elected delegates may exercise all of the rights of elected delegates.

Sec. 3.—The total voting membership of the House of Delegates shall not exceed 175. The Medical Department of the Army and of the Navy, the United States Public Health Service and the scientific sections shall each be entitled to one delegate, and the remainder shall be apportioned among the constituent associations in proportion to their actual active membership as hereinafter provided in the By-Laws. (As amended, 1925.)

#### Article 6.—General Officers

Section 1.—The general officers of the Association shall be a President, a President-Elect, a Vice President, a Secretary, a Treasurer, a Speaker and a Vice Speaker of the House of Delegates, and nine Trustees. (As amended, 1925.) Prior to June 14, 1938, this Section read: "These officers shall be elected annually and, except the Trustees, shall serve for one year or until their successors are elected and installed."

Sec. 2.—The President-Elect shall be elected annually. He shall serve as President-Elect until the annual session of the Association next ensuing after his election and shall become President on his installation in the course of that session, serving thereafter as President until the next following annual session and the installation of his successor. If the President-Elect dies, resigns or, in the judgment of the Board of Trustees confirmed by the House of Delegates, is permanently disqualified for the performance of the duties of his office by any just cause, the Vice President shall become President-Elect and in due course succeed to the presidency, with all of the prerogatives and duties pertaining to that office, as fully as if elected to it in the first instance. Provided, however, that the President-Elect who is elected at the annual session of the Association in 1937 shall, notwithstanding his election as such for the period of one year only, be installed as President in the course of the session in 1938 and continue as such until the session in 1939 and the installation of his successor.

A Vice President, a Secretary, a Treasurer, and a Speaker and a Vice Speaker of the House of Delegates shall be elected, each to serve for one year and until his successor is elected and installed: Provided, however, that in event of the death, resignation or removal, or of the permanent disability of the President-Elect as determined by the Board of Trustees, the Vice President shall succeed to the office of President-Elect and in due course to the office of President, notwithstanding the fact that he was in the first instance elected as Vice President for one year only. (As amended, 1938.)

Sec. 3.—Two Trustees shall be elected annually, except every fifth year, when but one shall be elected, each to serve for five years, or until his successor is elected and installed: Provided, that at the session of the House of Delegates at which this amendment is adopted, two Trustees shall be elected to serve three years and one to serve four years; that at the next annual session, one Trustee shall be elected to serve three years and two to serve four years;



and that at the next subsequent session two Trustees shall be elected to serve four years and one to serve five years. No Trustee shall serve for more than two consecutive terms, but a Trustee elected to serve an unexpired term shall not be regarded as having served a term unless he has served three or more years. (As amended, 1924.)

#### Article 7.—Trustees

The Board of Trustees shall have charge of the property and financial affairs of the Association and shall perform such duties as are prescribed by law governing directors of corporations.

#### Article 8.—Members and Fellows

Section 1.—Members of the American Medical Association.—Members in good standing of the constituent associations are the members of the American Medical Association, subject, however, to the provisions of these By-Laws regarding members.

Sec. 2.—Fellows of the Scientific Assembly.—Members in good standing of the Association, who have complied with the provisions of the By-Laws regarding Fellows, are Fellows of the Scientific Assembly of the American Medical Association.

#### Article 9.—Scientific Assembly

Section 1.—The Scientific Assembly of the American Medical Association is the convocation of its Fellows for the presentation and discussion of subjects pertaining to the science and art of medicine.

Sec. 2.—The Scientific Assembly is divided into sections, each section representing that branch of medicine described in its title.

Sec. 3.—New sections may be created or existing sections discontinued by the House of Delegates. The Scientific Assembly and its sections shall be conducted in accordance with the rules and regulations set forth in this Constitution and By-Laws.

#### Article 10.—Annual Sessions

The House of Delegates and the Scientific Assembly shall meet annually at times and places to be fixed by the House of Delegates. Places desiring to entertain the House of Delegates and the Scientific Assembly in annual session shall submit their invitations in writing, together with such data as may be required, to the Board of Trustees, not less than sixty days prior to the annual session at which the selection of the place of meeting is to be made. The Board of Trustees shall investigate or cause to be investigated all such places from which said invitations have been received, and shall make report to the House of Delegates, advising which, if any, of said places possess, or may be expected to furnish, the necessary facilities and conveniences for entertaining the Association and accommodating its various activities. The time and place of any of these sessions may, however, be changed by the unanimous action of the Board of Trustees at any time not less than sixty days prior to the time selected for that session. A session may be held at any place in the United States. (As amended, 1927.)

#### Article 11.—Funds

Funds may be raised by an equal assessment of not more than ten dollars annually on each of the members; from the Association's publications, and in any other manner approved by the Board of Trustees. Funds may be appro-

prinated by the Board of Trustees to defray the expenses of the Association, to carry on its publications, to encourage scientific investigations and for any other purpose approved by the Board of Trustees.

## Article 12—Amendments

The House of Delegates may amend this Constitution at any annual session, provided the proposed amendment shall have been introduced at the preceding annual session, and provided two thirds of the voting members of the House of Delegates registered at the session at which action is taken vote in favor of such change or amendment. (As amended, 1928.)

## BY-LAWS

### Business and Legislation

#### Chapter I.—Qualifications, Term, Apportionment and Registration of Delegates

**Section 1. Delegates Must Have Been Fellows of the American Medical Association Two Years.**—A member of the House of Delegates must have been a member of the American Medical Association and a Fellow of the Scientific Assembly for at least two years next preceding the session of the House of Delegates at which he is to serve.

**Sec. 2. Term.**—Delegates and alternates from constituent associations shall be elected for two years. Constituent associations entitled to more than one representative shall elect them so that one half, as near as may be, shall be elected each year. Delegates and alternates elected by the sections, or delegates appointed from the United States Army, United States Navy and United States Public Health Service shall hold office for two years. (As amended, 1923.)

**Sec. 3. Apportionment of Delegates.**—At the annual session of 1925, and every third year thereafter, the House of Delegates shall appoint a committee of five on reapportionment, of which the Speaker and the Secretary shall be members. The committee shall apportion the delegates among the constituent associations in accordance with Article 5, Section 3, of the Constitution, and in proportion to the membership of each constituent association as recorded in the office of the Secretary of the American Medical Association on April 1 of the year in which the apportionment is made. This apportionment shall take effect at the next succeeding annual session, and shall prevail until the next triennial apportionment, whether the membership of the constituent association shall increase or decrease. (As amended, 1925.)

**Sec. 4. Registration of Delegates.**—Each delegate representing a constituent association, before being seated, shall deposit with the committee on credentials a certificate signed by the secretary and under the seal of the constituent association stating that he has been regularly elected a delegate by that constituent association. Each delegate from a section shall present similar credentials signed by the chairman and the secretary of the section which he represents. Each delegate from a government service shall present credentials stating he has been duly appointed by the Surgeon-General of the department which he represents.

**Sec. 5. A Delegate, Once Seated, to Retain His Seat for the Entire Session.**—A delegate whose credentials have been accepted by the committee on credentials and whose name has been placed on the roll of the House, shall remain a delegate of the body which he represents until final adjournment of the session, and his place shall not be taken by any other delegate or alternate.

## Chapter II. Procedure of House of Delegates

Section 1. Order of Business.—The following shall be the order of business, unless otherwise ordered:

1. Call to order by the Speaker.
2. Roll call.
3. Reading and adopting the minutes.
4. Reports of officers.
5. Reports of committees.
6. Unfinished business.
7. New business.

Sec. 2. During the annual presentation of the report of each Council or Bureau the privileges of the floor of the House of Delegates, for a period of five minutes, shall be extended to each Council secretary and Bureau head. (As amended, 1924.)

Sec. 3. Limit of Time for Introduction of New Business.—Unanimous consent shall be required for the introduction of new business at the last meeting of the annual session of the House of Delegates, except when presented by the Board of Trustees, the officers of the sections, or the sections. All new business so presented shall require three-fourths affirmative vote for adoption.

Sec. 4. Rules of Order.—The House of Delegates shall be governed by Robert's Rules of Order, when not in conflict with these By-Laws or with the rules of the House.

Sec. 5. Quorum.—Fifty of the voting members of the House of Delegates shall constitute a quorum. (As amended, 1928.)

## Chapter III.—Meetings of the House of Delegates

Section 1. Regular Sessions.—The House of Delegates shall meet annually on the Monday preceding the opening of, and at the same place as, the Scientific Assembly of the Association.

Sec. 2. Special Sessions.—Special sessions of the House of Delegates shall be called by the Speaker on written request of twenty-five or more delegates representing one third or more of the constituent associations, or on request of a majority of the Board of Trustees. When a special session is thus called, the Secretary shall mail a notice to the last known address of each member of the last House of Delegates at least twenty days before such special session is to be held, in which notice shall be specified the time and place of meeting and the items of business to be considered. No other business shall be transacted at the special session than that specified in the call.

## Chapter IV.—Nomination and Election of Officers and Affiliate, Associate and Honorary Fellows, and Installation of Officers

Section 1. Nominations.—Nominations for office shall be made orally, but a nominating speech must not exceed two minutes. The Treasurer shall be nominated by the Board of Trustees. No member of the House of Delegates nor general officer of the Association shall be eligible for election to the office of President-Elect or Vice President. (As amended, 1937.)

Sec. 2. Qualifications of General Officers.—The General Officers must have been members of the Association and Fellows of the Scientific Assembly for at least two years next preceding their election. The Speaker and Vice Speaker

of the House may but need not be elected from among the members of the House.

**Sec. 3. Method of Holding Elections.**—All elections shall be by ballot, and a majority of the votes cast shall be necessary to elect. In case no nominee receives a majority of the votes on the first ballot, the nominee receiving the lowest number of votes shall be dropped and a new ballot taken. This procedure shall be continued until one of the nominees receives a majority of all the votes cast, when he shall be declared elected. However, when there is only one nominee for an office, a majority vote without ballot shall elect.

**Sec. 4. Time of Election.**—The election of officers shall be the order of business of the House of Delegates immediately following the final supplementary reports of the Board of Trustees and Committees on the afternoon of the fourth day of the annual session of the House of Delegates (Thursday). Provided, however, that the House of Delegates may change the time of election by action taken at least one day in advance of that to which the election is to be changed, and provided further that the motion to change the time of election shall be supported by two thirds of the delegates registered.

The election of Affiliate, Associate and Honorary Fellows shall immediately follow the election of officers. Not more than three Honorary Fellows shall be elected at any annual session except on special recommendation of the Council on Scientific Assembly and the unanimous vote of the House. (As amended, 1927.)

**Sec. 5. Associate Fellows.**—Applications for Associate Fellowship from foreign physicians and from American physicians engaged in missionary and similar labors in foreign countries must be approved by the Judicial Council; applications from dentists must be approved by the Section on Laryngology, Otology and Rhinology, from pharmacists by the Section on Pharmacology and Therapeutics, and from representative teachers and students of science allied to medicine by the officers of a section.

**Sec. 6. Affiliate and Honorary Fellows.**—Nominations for Affiliate Fellowship shall be made by the constituent association of which the nominee is a member, and nominations for Honorary Fellowship shall be made by the sections, and must be submitted to the House of Delegates not later than the second day of the Scientific Assembly. These nominations shall be referred without debate to the Council on Scientific Assembly, which shall consider the scientific attainments and professional character of the applicants and report to the House of Delegates.

**Sec. 7. Installation.**—The general officers of the Association, except the President, shall assume their duties at the close of the last meeting of the annual session at which they are elected.

**Sec. 8. Installation of the President.**—The President-Elect shall be installed as and assume the duties of President at the opening general meeting of the Scientific Assembly of the annual session following that at which he was elected. (As amended, 1937.)

## Chapter V.—Duties of Officers

**Section 1. President.**—The President shall preside at the general meetings of the Scientific Assembly. At the opening general meeting of the Scientific Assembly next following his election he shall deliver an address on such matters as he may deem of importance to the public and to the medical profession. He may attend the meetings of and make suggestions to the House of Delegates or the Board of Trustees. With the approval of the Board of Trustees he is authorized to appoint committees (a) requested by the Councils, and (b) for emergencies and purposes not otherwise provided for. He shall nominate mem-

bers of standing committees for election by the House of Delegates. (As amended, 1937.)

**Sec. 2. Vice President.**—The Vice President shall officiate for the President during the latter's absence, or at his request. In case of death, resignation or removal of the President, the Vice President shall officiate during the unexpired term.

**Sec. 3. Speaker.**—The Speaker shall preside at the meetings of the House of Delegates and shall perform such duties as custom and parliamentary usage require. He shall have the right to vote only when his vote shall be the deciding vote.

**Sec. 4. Vice Speaker.**—The Vice Speaker shall officiate for the Speaker in the latter's absence or at his request. In case of death, resignation, or removal of the Speaker, the Vice Speaker shall officiate during the unexpired term.

**Sec. 5. Secretary.**—The Secretary, in addition to the duties ordinarily devolving on the secretary of a corporation and those delegated in other sections of these By-Laws, shall give due notice of the time and place of annual and special sessions of the House of Delegates and of the Scientific Assembly in The Journal of the American Medical Association. He shall send an official notice of each annual or special session to the secretary of each constituent association and to the secretary of each section. He shall keep the minutes of the House of Delegates. He shall notify members of committees of their appointment and of the duties assigned them. He shall verify the credentials of the members of the House of Delegates and shall provide a registration book in which shall be recorded the name of each delegate in attendance at each session, together with that of the constituent association, government service or section which he represents. He shall prepare for publication the official programs for the Scientific Assembly, and shall perform such other duties as may be directed by the House of Delegates, or the Board of Trustees.

**Sec. 6. Treasurer.**—The Treasurer shall be the custodian of all moneys, securities and deeds belonging to the Association which may come into his possession, and shall hold the same subject to the direction and disposition of the Board of Trustees; Provided, however, that the Board of Trustees may select a bank or trust company to act as custodian, in place of the Treasurer, of all or any part of the investments and securities owned by the Association, and to act as the agent of the Association in collecting the income therefrom. The Board of Trustees may, from time to time, change such custodian as it may deem best for the interest of the Association. The Treasurer shall give to the Board of Trustees a suitable bond for the faithful performance of his trust, and shall receive for his service a salary to be fixed by the Board of Trustees. (As amended, 1931.)

**Sec. 7. Officers to Complete Business of Session.**—All business of each annual session shall be completed by the officers (including section officers) who have served during the session.

## Chapter VI.—Board of Trustees

**Section 1. Board of Trustees.**—The Trustees at their first meeting after the annual session of the House of Delegates, shall organize by electing a chairman, a secretary, and an executive committee of three members. It shall be the duty of this Board to provide for and to superintend the publication of The Journal of the American Medical Association, and of all proceedings, transactions and memoirs of the Association. It shall have full discretionary power to omit from The Journal, in part or in whole, any paper that may be referred to it by any of the sections. It shall appoint a general manager



and an editor of The Journal, which two positions may be held by one person, and such assistants as may be necessary, and shall determine their salaries and the terms and conditions of their employment. All resolutions or recommendations of the House of Delegates pertaining to the expenditure of money must be approved by the Board of Trustees before the same shall become effective. During the annual session of the Association the Board shall hold meetings as often as may be deemed necessary by the chairman, and all matters referred to it by the House of Delegates shall be reported on within twenty-four hours, if so requested by the House. The Board of Trustees shall have the accounts of the Treasurer and of The Journal office audited annually or oftener, if deemed necessary, and shall make an annual report to the House of Delegates, which report among other items shall specify the character and cost of all the publications of the Association during the year and the amount of all property belonging to the Association. Should a vacancy occur, on account of death or otherwise, among the general officers of the Association, the Board of Trustees may fill such vacancy until the next annual session of the House, unless otherwise provided for in this Constitution and By-Laws. The Board of Trustees shall fix the salary of the Secretary and of the Treasurer. Regular meetings of the Board shall be held immediately after the annual session of the House of Delegates, and on the third Friday in the month of February of each year. Special meetings of the Board may be called at any time by the chairman, or by five members of the Board, by mailing a written or printed notice to the last known address of each trustee, at least five days before such meeting is to be held; in which notice shall be specified, in general terms, the object of such special meeting, and no other business shall be transacted thereat: Provided, that the proceedings of any meeting of the Board at which all the members are present or which are approved in writing by every member of the Board shall be valid without previous notice having been given. Five members of the Board shall constitute a quorum. During the intervals between the sessions of the House of Delegates the Board of Trustees shall supervise the action of committees constituted by the action of the House and may appoint emergency committees. (As amended, 1925.)

The President, the President-Elect and the Speaker of the House of Delegates shall be ex officio members of the Board of Trustees, but without the right to vote. (As amended, 1923.)

An amendment of June 14, 1938, substituted: "Bureau of Health Education" for "Bureau of Health and Public Instruction."

Sec. 2. To Establish *Bureau of Health Education*.—The Board of Trustees shall establish a bureau, to be known as the *Bureau of Health Education*, to carry on such activities in the field of health and the dissemination of information in relation thereto as the House of Delegates may direct or the Board of Trustees, in the absence of such directions, may determine. (As adopted, 1923, and amended, 1938.)

Sec. 3. To Publish a Journal for the Laity.—The Board of Trustees shall publish a journal for the dissemination among the laity of information concerning health and matters of popular interest concerning medical matters, the editorial policies of which shall be determined by said Board, with the cooperation of an editorial advisory committee, consisting of five members, appointed by said Board from among the Fellows of the Association. (As adopted, 1923.)

Sec. 4. Trustees to Control Session.—The Board of Trustees shall have full control of all arrangements for the annual sessions and shall provide meeting places for the House of Delegates, the general meetings and the scientific sections. It shall also have control of all exhibits. It may appoint a local committee on arrangements, which shall be at all times under the Board.

Sec. 5. To Establish a Distinguished Service Award of the American Medical Association.—The Board of Trustees shall create and establish an award to be known as the Distinguished Service Award of the American Medical Association, which shall consist of a medal and a citation.

One Fellow of the Association shall be eligible to receive the award each year and shall be selected in a manner prescribed in these By-Laws.

The Board of Trustees shall consider the merits of nominees for the award recommended by the Committee on Distinguished Service Awards and shall select from the list not more than three Fellows to be balloted on by the House of Delegates. The Board of Trustees shall submit the list of nominees so selected to the House of Delegates for consideration, together with a brief statement of the findings of the Committee on Awards with respect to each nominee.

The House of Delegates shall select the recipient of the award from the list of nominees submitted by the Board of Trustees. The selection shall be by ballot, in the same manner as officers are elected. The vote shall be taken immediately after the nominees are placed before the House by the Board of Trustees.

The Board of Trustees is charged with the duty of having a suitable medal and citation prepared each year and is further charged with the duty of fixing the time and method of presentation. (As adopted, 1937.)

#### Chapter VII.—Committees

Section 1. Classification of Committees.—Committees shall be classified as (a) Standing Committees, (b) Reference Committees, and (c) Special Committees. The standing committees shall be nominated by the President and elected by the House of Delegates, unless otherwise provided for. Reference and special committees shall be appointed by the Speaker as provided in these By-Laws. Special committees may be created by the House of Delegates to perform the special functions for which they are created; they shall be appointed by the Speaker unless otherwise ordered by the House. Committees acting during the interval between the sessions of the House of Delegates shall be subject to the Board of Trustees. In case of vacancies in committees occurring during the interval between annual sessions, the President or the Speaker, according to the committee on which said vacancies occur, shall have the power to appoint Fellows to fill the vacancies until the next annual session.

The Speaker of the House of Delegates may appoint from the members of the House such additional committees as he may deem expedient in advance of the annual meeting to expedite the business of the House of Delegates. All such committees shall be subject to the approval of the House of Delegates. (As amended, 1923.)

Sec. 2. Membership of Committees.—Any Fellow shall be eligible to serve on standing or special committees. Reference committees shall be appointed from the members of the House of Delegates. Member of committees not members of the House of Delegates shall have the right to present their reports in person to the House and to participate in the debate thereon, but shall not have the right to vote. (As amended, 1924.)

Sec. 3. Standing Committees.—Standing committees shall be the following:

- (a) Judicial Council.
- (b) Council on Medical Education and Hospitals.
- (c) Council on Scientific Assembly. (As amended, 1923.)

#### Chapter VIII.—Organization of Standing Committees or Councils

Section 1. Membership.—The Standing Committees, or Councils, including the Judicial Council and the Council on Scientific Assembly, shall consist of

five members, each elected for five years. The Council on Medical Education and Hospitals shall consist of seven members each elected for seven years. The term of office of the members of each committee shall terminate in succession, one each year, and the House of Delegates shall elect annually, on nomination by the President, one member to each committee to fill the vacancy, except that in 1925, three members of the Council on Medical Education and Hospitals shall be elected by the House of Delegates. The members of the Council on Scientific Assembly shall be chosen, as far as practical, from ex-section officers representing different sections. The President-Elect, the Secretary of the Association and the Editor of The Journal shall be ex officio members of this Council. (As amended, 1925.)

Sec. 2. Officers.—The Councils shall organize and elect their own officers except that the Secretary of the Association shall be the Secretary of the Judicial Council and of the Council on Scientific Assembly, and that on nomination by that Council, the Board of Trustees shall elect annually, to serve one year, a secretary of the Council on Medical Education and Hospitals, and shall fix his salary. (As amended, 1923.)

Sec. 3. Expenditures.—Each Council shall submit to the Board of Trustees a budget of its expenses for the fiscal year, and the Board shall make such appropriation for each Council as it may see fit. Each Council shall be limited in its expenditures to the appropriation made for it by the Board of Trustees and no Council shall expend or contract to expend any money in excess of its appropriation without the consent and approval in writing of the Board of Trustees.

Sec. 4. Rules and Regulations.—Each Council may make its own rules to govern its action; such rules shall not conflict with these By-Laws nor with standing rules or resolutions of the House of Delegates.

Sec. 5. Committees. Each Council shall have authority to appoint committees subject to the approval of the Board of Trustees for any purpose within the jurisdiction of the Council.

Sec. 6. Headquarters.—The headquarters of each Council shall be at the general office of the Association where the transactions of the Council shall be recorded.

Sec. 7. Reports.—Each Council shall submit annually a report of its work to the House of Delegates. All such reports, so far as possible, shall be transmitted thirty days before the annual session to the Secretary of the Association, who shall have them printed for distribution to the members of the House of Delegates.

#### Chapter IX.—Duties of Standing Committees or Councils

Section 1. The Judicial Council.—The judicial power of the Association shall be vested in the Judicial Council, whose decision shall be final. This power shall extend to and include (1) all questions involving Fellowship in the Scientific Assembly or the obligations, rights and privileges of Fellowship; (2) all controversies arising under this Constitution and By-Laws and under the Principles of Medical Ethics, to which the American Medical Association is a party; and (3) controversies (a) between two or more recognized constituent associations, (b) between a constituent association and a component society or societies of another constituent association or associations or a member or members of another constituent association or other constituent associations, and (c) between members of different constituent associations. In all these cases the Judicial Council shall have original jurisdiction. (As amended, 1937.)

In all cases which arise (a) between a constituent association and one or

more of its component societies; (b) between component societies of the same constituent association; (c) between a member or members and the component society to which said member or members belong, or (d) between members of different component societies of the same constituent association, the Judicial Council shall have appellate jurisdiction in questions of law and procedure but not of fact. The period of time within which appeal to the Judicial Council may be taken shall be limited to the six months following the date of decision by the constituted authority of a constituent association. (As amended, 1937.)

The Judicial Council shall have jurisdiction on all questions of ethics and in the interpretation of the laws of the organization.

The Judicial Council may, at its discretion, investigate general professional conditions and all matters pertaining to the relations of physicians to one another and to the public, and may make such recommendations to the House of Delegates or the constituent associations as it deems necessary.

The Judicial Council shall have authority in its discretion from time to time to request the President to appoint investigating juries to which it may refer complaints or evidence of unethical conduct which in its judgment is of greater than local concern. Such investigating juries, if probable cause for action be shown, shall report with formal charges to the President, who, under Chapter V, Section 1, of the By-Laws, shall appoint a Prosecutor, who, in the name and on behalf of the American Medical Association, shall prosecute the charges against the accused before the Judicial Council. The Council shall have the power to acquit, admonish, suspend or expel the accused. (As adopted, 1937.)

**Sec. 2. Council on Medical Education and Hospitals.**—The functions of the Council on Medical Education and Hospitals shall be (1) to investigate conditions of medical education, hospitals and associated subjects and to suggest means and methods by which the same may be improved; (2) to endeavor to further the realization of such suggestions as may be approved by the House of Delegates.

**Sec. 3. Council on Scientific Assembly.**—The functions of the Council on Scientific Assembly shall be: (1) to secure cooperation between the sections; (2) to pass on questions of policy in relation to scientific work and to investigate and report on scientific questions, either on its own initiative or when such questions are referred to it by the House of Delegates; (3) to stimulate the development of the sections; (4) to consider at first hand applications for new sections, or for changes in existing sections, and to report to the House of Delegates; (5) to appoint officers for meetings making up the section on miscellaneous topics and for the first session of a newly established section; (6) to arrange the programs for the general meetings of the Scientific Assembly [and with the cooperation of the section officers to combine section programs and to arrange such other changes as may seem advisable]. (As amended, 1925, 1938.) Clause in brackets, added June 14, 1938.

## Chapter X.—Reference Committees

**Section 1. Appointment.**—Immediately after the organization of the House of Delegates at each annual session the Speaker of the House of Delegates shall appoint from the members of the House such committees as may be deemed expedient by the House of Delegates. Each committee shall consist of five members, unless otherwise provided, the chairman to be specified by the Speaker. These committees shall serve during the session at which they are appointed.

**Sec. 2. References.**—Resolutions, measures and propositions presented to the House of Delegates shall be referred to the appropriate committee which

committee shall report to the House before final action shall be taken, unless otherwise unanimously ordered by the House of Delegates.

Sec. 3. Organization.—Each Reference Committee shall, as soon as possible after the adjournment of each meeting, or during the meeting, if necessary, take up and consider such business as may have been referred to it, and shall report on the same at the next meeting or when called on to do so. Three members shall constitute a quorum.

Sec. 4. Committees.—The following committees are hereby provided:

(1) A Committee on Sections and Section Work, to which shall be referred all matters relating to the sections and the section work. (The members of the Council on Scientific Assembly shall be members, ex officio, of this committee.)

(2) A Committee on Rules and Order of Business, to which shall be referred all matters regarding rules governing the action, methods of procedure and order of business of the House of Delegates.

(3) A Committee on Medical Education, to which shall be referred all matters relating to medical colleges and medical education. (The members of the Council on Medical Education and Hospitals shall be members, ex officio, of this committee.)

(4) A Committee on Legislation and Public Relations, to which shall be referred all matters relating to state and national legislation, memorials to legislatures, to the United States Congress, or to the President of the United States. The Director of the Bureau of Legal Medicine and Legislation shall be ex officio a member of this committee. (As amended, 1923, 1929.)

(5) A Committee on Hygiene and Public Health, to which shall be referred all matters relating to hygiene and public health.

(6) A Committee on Amendments to the Constitution and By-Laws, to which shall be referred all proposed amendments to the Constitution and By-Laws. (The members of the Judicial Council shall be members, ex officio, of this committee.)

(7) A Committee on Reports of Officers, to which shall be referred addresses of the President and of the Speaker of the House of Delegates and the reports of the Secretary and of the Board of Trustees.

(8) A Committee on Credentials, to which shall be referred all questions regarding the registration and the credentials of delegates.

(9) A Committee on Miscellaneous Business, to which shall be referred all business not otherwise disposed of.

## Chapter XI.—Committee on Distinguished Service Awards

Section 1. There is hereby created a special committee to be known as the "Committee on Distinguished Service Awards of the American Medical Association."

This committee shall consist of five members, who shall serve for a period of three years, except the first committee, two of which shall be appointed for three years, two for two years and one for one year.

Nomination for the award may be made by any Fellow of the Association, provided it is made in a manner prescribed by the committee and not less than two months in advance of the next regular annual session of the Association. (As adopted, 1937.)



Sec. 2. Duties and Powers of the Committee on Awards.—The Committee on Awards shall make its own rules of procedure, not in conflict with the By-Laws, with respect to the performance of its duties, subject to the approval of the Board of Trustees.

It shall consider the eligibility of nominees for the Distinguished Service Award of the American Medical Association on the basis of meritorious services in the science and art of medicine and shall submit its findings and recommendations to the Board of Trustees annually within a time limit fixed by the Board of Trustees.

In the event that more than five nominations are received, the committee shall elect therefrom a list of not more than five to be submitted to the Board of Trustees, together with a brief statement of its findings with reference to each. (As adopted, 1937.)

## SCIENTIFIC ASSEMBLY

### Membership and Fellowship

#### Chapter XII.—Membership and Fellowship

Section 1. Tenure of Membership.—Membership in this Association shall continue only so long as the individual is a member of a component society of the constituent association through which he holds membership. When the Secretary shall be officially informed by the secretary of the constituent associations through which a member holds membership in this Association that the member is not in good standing, the Secretary shall remove the name of said member from the membership roll of the American Medical Association. A member of a constituent association who removes to and engages in the practice of medicine at a location in another state in which there is a constituent association shall forfeit his membership in this Association, and the Secretary shall remove his name from the roster of members of the American Medical Association, unless within one year after such change of residence he becomes a member of the constituent association in the state to which he has moved: Provided, that when the member is also a Fellow of the Scientific Assembly the By-Laws defining the effect on Fellowship of removal to another state shall have precedence over this section. (As amended, 1935.)

Sec. 2. Fellows.—Any member of this Association holding a degree equal in requirement to that of M.D., granted by a school of medicine recognized by the American Medical Association entitling the holder to apply to a state board of medical examination and registration for license to practice medicine, and who on the prescribed form shall apply for Fellowship and subscribe for The Journal, paying the annual Fellowship dues for the current year, shall be inducted into the Association as a Fellow unless the application is disapproved by the Judicial Council. In exceptional cases a member holding a degree equal in requirement to that of M.D., but not graduated at a recognized school, who formerly was a Fellow or who has established a high standard of professional attainment, may be admitted as a Fellow by the Judicial Council if in its judgment such action is desirable. (As amended, 1930, 1934.)

Commissioned medical officers of the United States Army, United States Navy and the United States Public Health Service shall be Fellows, of this Association so long as they are engaged actively in their respective service, and thereafter if they have been retired on account of age or physical disability, or, after long and honorable service, under the provisions of an Act of Congress. These Fellows shall not be required to pay Fellowship dues and shall not receive The Journal of the American Medical Association except by personal subscription. (As amended, 1924.)

**Sec. 3. Effect on Fellowship or Removal to Another State.**—A Fellow who changes the location at which he practices medicine, from the state through whose constituent association he holds membership in the American Medical Association to another state in which there is a constituent association, is eligible to membership in the component society of his new location on the presentation of a transfer card and an official statement that his dues have been paid in full in the society in which he holds membership, provided that no evidence which would otherwise disqualify him for membership arise. He shall forfeit his Fellowship in the American Medical Association one year after such change of location, unless he becomes a member of the constituent association of the state to which he has moved: Provided, however, that if the component society into whose territory such Fellow has moved shall refuse him membership, the Fellow shall be privileged to appeal to the Judicial Council of this Association to determine whether or not he be guilty of any act that warrants the enforcement of the provisions of this section. Pending the decision of such appeal he shall retain his Fellowship in the American Medical Association through his original state association. A member of a constituent state association who is located for the purpose of practicing medicine in a state adjacent to that through the association of which he holds Fellowship in the American Medical Association may become and may be continued a Fellow of the American Medical Association, provided the council of the constituent association of the state in which he is practicing medicine waives jurisdiction over his membership.

**Sec. 4. Affiliate, Associate and Honorary Fellows.**—There shall be Affiliate, Associate and Honorary Fellows, who shall be elected and shall qualify in accordance with the provisions set forth in these By-Laws.

**Sec. 5. Affiliate Fellows.**—A Fellow who has been a Fellow for a continuous term of fifteen (15) years, who is not less than sixty-five (65) years of age, and who is an honorary member of his component society and of his constituent association, or is connected with these organizations in an equivalent manner whereby he is relieved from the payment of dues or fees, on request of his constituent association, may be made an Affiliate Fellow by a majority vote of the House of Delegates of this Association. Affiliate Fellows shall be privileged to participate in the Scientific Assembly of the Association; they shall not be required to pay Fellowship dues and shall not receive The Journal of the American Medical Association except by person subscription. Affiliate Fellowship shall be conditioned on such an Affiliate Fellow continuing the relationship with his constituent association herein defined.

**Sec. 6. Associate Fellows.**—The following may be elected in accordance with Section 5, Chapter IV, to Associate Fellowship: Physicians who are members of the chartered national medical societies of foreign countries adjacent to the United States; American physicians located in foreign countries and engaged in medical missionary and similar educational and philanthropic labors; dentists holding the degree of D.D.S. who are members of state or local dental societies; pharmacists who are active members of the American Pharmaceutical Association, and representative teachers and students of science allied to medicine, resident in the United States and not eligible to regular membership. Associate Fellows shall enjoy the same privileges as regular Fellows, and shall be subject to the same conditions.

**Sec. 7. Honorary Fellows.**—Physicians of foreign countries may be elected Honorary Fellows by the House of Delegates in accordance with Section 6, Chapter IV.

**Sec. 8. Invited Guests.**—Scientists resident in the United States who are not engaged in the practice of medicine, and eminent physicians and scientists from foreign countries, may be invited by the general officers or by the

officers of a section, to attend an annual session of the Scientific Assembly and participate in the scientific work and social functions. They shall be designated as Invited Guests.

**Sec. 9. Tenure of Fellowship.**—Fellowship in this Association shall continue only so long as the individual is a member. When the Secretary shall be officially informed that the Fellow is not a member, the Secretary shall remove the name of such Fellow from the Fellowship roll of the American Medical Association and shall notify the Fellow of the action taken, together with the reason therefor. Fellowship shall be further conditioned on a Fellow conducting himself in accordance with this Constitution and By-Laws and the Principles of Medical Ethics of this Association.

**Sec. 10. Delinquency.**—Any Fellow who, for one year, has failed to pay his annual Fellowship dues, shall forfeit his Fellowship thirty days after notice of his delinquency has been mailed to his last known address by the Secretary.

**Sec. 11. Fellowship Restored.**—Any former Fellow who complies with Section 2, Chapter XII, shall be reinstated on payment of his indebtedness, including his subscription for the current calendar year.

**Sec. 12. Infractions of Constitution, By-Laws or Principles of Medical Ethics.**—The House of Delegates shall have the power to discipline or expel a member of the American Medical Association on recommendation of the Judicial Council. (As amended, 1930.)

#### Chapter XIII.—Registration

Fellows, Affiliate, Associate and Honorary Fellows and Invited Guests only shall be allowed to register or to take part in the work of any of the sections of the Scientific Assembly of the Association.

A Fellow shall be eligible to register at an annual session only after he has paid all of his current indebtedness.

A Fellow shall not be permitted to take part in the proceedings of the Association or of any of the sections until he has registered his name and address in the registration office.

A Fellow on registering shall designate the section in which he wishes to be enrolled, but shall be enrolled in one section only at any Scientific Assembly.

#### Chapter XIV.—General Meetings

**Section 1. General Meetings.**—General meetings of the Scientific Assembly may be arranged by the Council on Scientific Assembly with the approval of the Board of Trustees.

**Sec. 2. The Opening General Meeting.**—The opening general meeting shall be held on the evening of Tuesday of the week of the annual session, and shall be presided over by the President or, in his absence or at his request, by the Vice President.

**Sec. 3. President's Address.**—The President, immediately after he is inducted into office, shall deliver an address before the opening general meeting, and his recommendations, if he makes any, shall go to the House of Delegates for action.

#### Chapter XV.—Sections

**Section 1. Title of Sections of Scientific Assembly.**—The Scientific Assembly of the American Medical Association shall be divided into the following sections:

1. Practice of Medicine.
2. Surgery, General and Abdominal.

3. Obstetrics and Gynecology.
4. Ophthalmology.
5. Laryngology, Otology and Rhinology.
6. Pediatrics.
7. Pharmacology and Therapeutics.
8. Pathology and Physiology.
9. Nervous and Mental Diseases.
10. Dermatology and Syphilology.
11. Preventive and Industrial Medicine and Public health.
12. Urology.
13. Orthopedic Surgery.
14. Gastro-Enterology and Proctology.
15. Radiology.
16. Miscellaneous Topics. (As amended, 1932, 1937.)

Sec. 2. Officers of Sections.—The officers of each section shall consist of a chairman, a vice chairman and a secretary, and of such other officers as the section shall deem advisable. These shall serve for one year, or until their successors are elected and qualified: Provided, that each section may elect its secretary to serve a longer time at its discretion. If any vacancy occurs in the office of chairman, vice chairman or secretary of a section, such vacancy shall be filled by the election by the executive committee of such section of a Fellow who shall serve in the office indicated until the next annual session. Each section shall also elect biennially one delegate and one alternate to the House of Delegates of the American Medical Association to serve for two years. (As amended, 1925.)

Sec. 3. Election of Officers.—The election of officers of the several sections shall be the first order of business of the final meeting of the section at each Scientific Assembly. To participate in the election of any section a Fellow must have indicated on registering that he desires to affiliate with such section, and must have recorded his name and address on the section register book.

Sec. 4. Duties of Section Officers.—(a) Chairman.—The chairman shall preside at the meetings of the section and shall perform such duties as usually belong to such an office, or as may be provided by the by-laws of the section. He shall cooperate with the secretary in arranging the program, and shall see that proper arrangements are made for his section at the Scientific Assembly.

(b) Vice Chairman.—The vice chairman shall assist the chairman in the performance of his duties and shall preside in his absence, or at his request.

(c) Secretary.—The secretary shall keep a record of the proceedings of the section in a book provided for such purpose; shall, with the cooperation of the chairman, and in accordance with rules and regulations enacted by the House of Delegates, arrange the program; shall at least thirty days before the Scientific Assembly, forward it to the Secretary of the Association for insertion in the official program, and shall perform such other duties pertaining to his office as may be provided by the by-laws of the Association or of the section.

Sec. 5. Executive Committee.—Each section shall have an executive committee, which shall consist of the chairman and the last two retiring chairmen. In case of absence of a member of the executive committee of a section from a Scientific Assembly, the vacancy shall be filled by the chairman of the section. This committee shall examine and pass on all papers read before the section, and shall endorse for publication only those that are of scientific or of practical value, and which will reflect credit on the section before which they were read. It shall act as the nominating committee of the section.

Sec. 6. Meetings.—Sections shall hold meetings at 9 a. m. and 2 p. m. daily in accordance with the program for the Scientific Assembly, as arranged by the Council on Scientific Assembly.

Sec. 7. Who May Take Part in Section Work.—Fellows and Associate Fellows only shall have the right to participate in the business deliberations of a section. Fellows, Affiliate, Associate and Honorary Fellows, and Invited Guests may present papers and take part in the scientific discussions.

Sec. 8. Associate Fellows.—The officers of a section may nominate for Associate Fellowship representative teachers and students of sciences allied to medicine, resident in the United States, not eligible to regular membership. The secretary shall immediately notify the Secretary of the Association of such nominations.

Sec. 9. Honorary Fellows.—Each section at each Scientific Assembly may nominate for Honorary Fellowship in the American Medical Association a physician of a foreign country who has risen to preeminence in the profession of medicine: Provided, however, that nominations for Honorary Fellowship in the American Medical Association shall be acted on by the sections on or before the second day of each Scientific Assembly. The secretary of the section shall immediately notify the Secretary of the Association of such nomination.

Sec. 10. Time at Which Titles Must Be In.—Titles of papers to be presented to the section must be in the hands of the secretary of the section at least thirty-five days before the first day of the Scientific Assembly. With the title, the writer shall submit an abstract of the paper not less than thirty or more than one hundred and fifty words in length and an estimate of the time required to read his paper.

Sec. 11. Length of Papers and Discussions.—The time allowed for the presentation of a paper before a section shall be limited to fifteen minutes. No one shall discuss any paper more than once, nor for longer than five minutes except with the unanimous consent of those present. A section, by the unanimous consent of its officers and with the approval of the Council on Scientific Assembly, may arrange for one paper each annual session which will not be subject to restrictions, as to time or length, affecting other section papers. (As amended, 1928.)

Sec. 12. Number of Papers on Program.—The number of papers, including addresses, on the program of any section shall not exceed twenty-five.

Sec. 13. Can Present Only One Paper at an Annual Session.—A Fellow shall present no more than one paper at any Scientific Assembly.

Sec. 14. Failure to Keep Engagements.—Any Fellow accepting an assignment on a section program and without valid reason failing to be present to read his paper at the time designated shall be debarred from a place on any section program for a period of two years after the session at which he failed to keep his engagement. (As adopted, 1925.)

Sec. 15. Section to Provide By-Laws.—Each section may make by-laws for its own government, provided that they shall in no way conflict with the Constitution and By-Laws of the American Medical Association.

#### Chapter XVI.—Publication

Section 1. Papers Approved for Publication.—No paper shall be published as having been read before a section unless it has received the approval and the endorsement of each member of the executive committee of the section before which it was read.



Sec. 2. Papers Must Be Ready for Publication.—Each author shall hand his paper to the secretary of the section immediately after it is read. The secretary shall endorse thereon that it has been read and shall hand it to the chairman of the executive committee. All papers approved by the executive committee shall be returned to the secretary of the section, who shall at once forward them to the editor of The Journal.

Sec. 3. Papers "Read by Title."—No paper shall be published as having been read before a section unless it has actually been read by its author, or unless, for special reasons, when the author has been present and prepared to read the paper, the section shall unanimously vote to have it read by title.

Sec. 4. Papers the Property of the Association.—All papers and reports presented to a section and approved by the executive committee shall become the exclusive property of the Association, provided that the Board of Trustees may permit an author to publish his paper elsewhere than in The Journal of the American Medical Association.

#### MISCELLANEOUS

##### Chapter XVII.—Official Resolutions Approved by the House of Delegates

No memorial, resolution or opinion of any character whatever shall be issued in the name of the American Medical Association unless it has been approved by the House of Delegates.

##### Chapter XVIII.—Annual Fellowship Dues

The annual Fellowship dues and the subscription price of The Journal of the American Medical Association shall be fixed by the Board of Trustees, and the same shall be payable in advance, on the first day of January of each year, provided that the annual dues shall not exceed \$8, and provided that the amount of the same shall be announced in The Journal of the American Medical Association not later than November 1 of each year. (As amended, 1929.)

##### Chapter XIX.—Articles of Incorporation

The House of Delegates, at any annual session, wherever the same may be held, may instruct the Board of Trustees to make any changes in the articles of incorporation in accordance with the law, which may appear desirable or which may be made necessary by any change or amendment to the Constitution and By-Laws of this Association.

##### Chapter XX.—Amendment to These By-Laws

These By-Laws may be amended on a two thirds vote of the House of Delegates, provided that no amendment shall be acted on till the day following that on which it is introduced, except that the Board of Trustees may, by unanimous vote, make such changes, and such changes only, as may be required to adapt them to the rules and regulations of the United States postal authorities. (As amended, 1929.)

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# STANDING RULES, HOUSE OF DELEGATES, AMERICAN MEDICAL ASSOCIATION, 1923

## Papers for Publication

Adopted at Boston, June 8, 1965.

"Resolved, That the several sections of this Association be requested, in the future, to refer no papers or reports to the Committee of Publication [the Board of Trustees], except such as can be fairly classed under one of the three

following heads, viz.: 1. Such as may contain and establish positively new facts, modes of practice or principles of real value. 2. Such as may contain the results of well devised original experimental researches. 3. Such as present so complete a review of the facts on any particular subject as to enable the writer to deduce therefrom legitimate conclusions of importance."

#### Solicitation of Votes

Adopted by the House of Delegates at Saratoga Springs, N. Y., June 13, 1902

*"Resolved*, That it is the sense of the House of Delegates of the American Medical Association that the solicitation of votes for office is not in keeping with the dignity of the medical profession, nor in harmony with the spirit of this Association, and that such solicitation shall be considered a disqualification for election to any office in the gift of the Association."

#### Reports, Resolutions, Etc.

Adopted by the House of Delegates at Boston, June 7, 1906

*"Resolved*, That in future all reports, resolutions, amendments to the Constitution and By-Laws, etc., be furnished in duplicate, one copy to be furnished the Secretary for the official minutes and the other to committeemen; and that the Secretary be instructed to engage a typewritist for the use of committeemen in making their reports."

#### Pensions or Annuities

Adopted by the House of Delegates at Atlantic City, N. J., June 9, 1909

*"Resolved*, That no proposition or resolution advocating the payment of a pension or annuity to any member or former member of the Association be established by the House of Delegates without the previous consent and endorsement of the delegation of the state association of which the proposed beneficiary is or was a member."

#### Regarding the Effect on Membership of Removal to Another State

Adopted by the House of Delegates at Minneapolis, Minn., June 18, 1913

*"Resolved*, That nothing in Section 3, Chapter XI of the By-Laws (Effect on Membership of Removal to Another State) shall be construed as exempting any member of the American Medical Association from compliance with the requirements of the civil laws of the state or district into which he may have removed."

#### The Councils and the House of Delegates

Adopted by the House of Delegates at Atlantic City, N. J., June 4, 1912

The House of Delegates extends the courtesy of the floor to the members of the various councils of the Association, and especially requests the secretaries of these councils to attend the sessions of the House, according them the privilege of the floor, in order that the House may be constantly in position to obtain information concerning work that is being done by these councils, that this body may direct these activities.

#### Rules for the Guidance of the Committee on Credentials

Adopted by the House of Delegates at Atlantic City, N. J., June 6, 1912

1. Credentials shall be of two parts. The first part shall be sent to the office of the Secretary of the American Medical Association by the secretary

of the constituent association, not later than seven days prior to the first day of the first meeting of the House of Delegates, and shall be a list of delegates and alternates for that association. The constituent associations shall designate an alternate for each delegate, who may take the pledge of the delegate when authorized to do so by said delegate in writing. In the absence of such authority, any alternate who has been duly chosen by the constituent association may be seated in place of any delegate who is unable to attend, provided he presents proper official authority from said association. A certificate signed by the president or secretary of the constituent association shall be deemed legal authority (as amended June 7, 1921).

2. Each delegate shall be furnished with a credential by the secretary of the association by which he is elected on a prescribed form furnished by the Secretary of the American Medical Association, which shall give the date and term for which he was elected and who was elected to act as alternate for him in case of his inability.

3. A delegate, on presenting himself to the Committee on Credentials, may be seated even though he may not present part 2 of his credential, provided he is properly identified as the delegate who was elected by his association and whose name appears on the Secretary's record.

4. No alternate may be seated unless his credentials meet the same requirements as designated for the delegate and he can show written evidence that he is empowered by his delegate to act for him, except as provided for in Section 1 as amended, (as amended June 7, 1921).

5. When a constituent state association reports that one of its elected delegates and his elected alternate are both unable to attend a specified annual session of the American Medical Association, the constituted authority of said constituent state association may fill the vacancies caused by the absence of both an elected delegate and his elected alternate, and such a substitute delegate or his substitute alternate who presents proper credentials signed by the president and secretary of said constituent state association shall be eligible to regular membership in the House of Delegates of the American Medical Association in such a specified session (as adopted, May 12, 1932).

#### Procedure in Preferring Charges

Adopted by the House of Delegates at San Francisco, Cal., June 22, 1915

The Secretary of the American Medical Association shall file charges with the Judicial Council against Fellows of the Association when overt acts on the part of such Fellows, supported by reasonable evidence, are brought to the attention of the Secretary of the American Medical Association.

#### Rules for the Guidance of the Council on Scientific Assembly

Adopted by the House of Delegates at New York, June 7, 1917, Revised at Atlantic City, June 10, 1919

1. The term "unit" shall signify a single meeting of a section at an annual session.

2. The sections of the Scientific Assembly shall be limited at each annual session to the maximum number of three units.

3. The sections shall not hold more than one meeting on each of the days of the annual session during which section meetings are held.

4. The Council on Scientific Assembly shall apportion the morning and afternoon units at each annual session to the several sections.

PRINCIPLES OF MEDICAL ETHICS  
OF THE  
AMERICAN MEDICAL ASSOCIATION

(These principles were read to the jury.)

No. 24659. No. 24340

Supplemental Certificate of Amendment of the Certificate of  
Incorporation of Group Health Association, Incorporated

Whereas, under date of April 26, 1937, there was filed for record in the Office of the Recorder of Deeds of the District of Columbia a Certificate of Amendment of the Certificate of Incorporation of Group Health Association, Incorporated; and

Whereas, it has since been discovered that by mistake of the scrivener said Certificate recites, among other things, that "a meeting of the members of Group Health Association, Incorporated, was held in the Auditorium of the Department of Labor between 12th & 14th Streets, N. W., in the City of Washington, D. C., at the hour of 4:30 P. M., on the 22nd day of April, 1937" when, as a matter of fact said meeting was held at said place on the 21st day of April, 1937; and the purpose of this Certificate is to correct said error.

Now, Therefore, This is to Certify that, pursuant to the provisions of Section 601 et seq., of Sub-Chapter 3, of Chapter 18 of the Code of Laws of the District of Columbia, the Board of Trustees of Group Health Association, Incorporated, at a regular meeting held on the 22nd day of March, 1937, in the HOLC Building, in the City of Washington, D. C. unanimously adopted the following Resolution:

"Resolved, That Section Sixth of the Certificate of Incorporation of the corporation be amended so that the same shall read as follows:

The affairs of the corporation shall be managed and controlled by a Board of Trustees consisting of eleven members and until the election of the full Board, the names and post office addresses of three (3) of the members of the Board of Trustees are as follows:



Name and address: W. F. Penniman, 1869 Wyoming Avenue, N. W., Washington, D. C.; R. T. Berry, 3119 Rittenhouse St., N. W., Washington, D. C.; Pearl B. Murphy, 1630 Fuller Street, N. W., Washington, D. C.

Be it further Resolved, That a meeting of the members of the corporation be called in the Auditorium of the Department of Labor for the purpose of considering and ratifying the foregoing Resolution; and

Be it Further Resolved, That W. F. Penniman, its President be, and he hereby is, designated and constituted as its Attorney in Fact to execute and record these presents."

That, pursuant to said Resolution, a meeting of the members of Group Health Association, Incorporated, was held in the Auditorium of the Department of Labor, Constitution Avenue, between 12th & 14th Streets, N. W., in the City of Washington, D. C., at the hour of 4:30 P. M., on the 21st day of April, 1937, and the Resolution set forth above was adopted and ratified by a vote of 503 in favor of ratification.

In Testimony Whereof, the said Group Health Association, Incorporated, hath on the 11th day of October, A. D. 1937, caused these presents to be signed by W. F. Penniman, its President, attested by R. T. Berry, its Secretary, and its corporate seal to be hereunto affixed; and doth appoint W. F. Penniman, its true and lawful attorney in fact, to acknowledge and deliver these presents as its act and deed.

(Corporate Seal.)

Group Health Association, Incorporated. By W. F. Penniman, President. (Seal.)

Teste: R. T. Berry, Secretary.

Signed, sealed and delivered in the presence of: A. Blaine York, Jas. Julien Bush.

DISTRICT OF COLUMBIA, to wit:

I, Dorothy I. King, a Notary Public in and for the District of Columbia, do certify that W. F. Penniman, who is personally well known to me as the person named as attorney in fact in the foregoing certificate bearing date on the 11th day of October, A. D. 1937, and hereto annexed, personally appeared before me in said District and as Attorney in Fact as aforesaid, and by virtue of the authority

vested in him by said certificate acknowledged the same to be the act and deed of Group Health Association, Incorporated.

Given under my hand and seal this the 11th day of October, A. D. 1937. Dorothy I. King, Notary Public, D. C. My Commission expires June 1, 1942. (Notarial Seal.)

Office of the Recorder of Deeds

District of Columbia

This is to Certify that the foregoing is a true and verified copy of the Certificate of Amendment to Certificate of Incorporation of Group Health Association, Incorporated, and of the whole of said Certificate of Amendment as filed in this Office the 13th day of October, A. D. 1937, and recorded in Liber 54, folio 485, et seq., one of the Incorporation Records of the District of Columbia.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of this Office this 21st day of Oct., A. D. 1940.

Wm. J. Tompkins, Recorder of Deeds, D. C. (Seal.)

No. 24340

Certificate of Amendment of the Certificate of Incorporation of Group Health Association, Incorporated.

This is to Certify That, pursuant, to the provisions of Section 601 et seq. Sub-Chapter 3, of Chapter 18 of the Code of Laws of the District of Columbia, the Board of Trustees of Group Health Association, Incorporated, at a regular meeting held on the 22nd day of March, 1937, in HOLC Building, in the City of Washington, D. C., unanimously adopted the following Resolutions:

“Resolved, That Section Sixth of the Certificate of Incorporation of corporation be amended so that the same shall read as follows:

The affairs of the corporation shall be managed and controlled by a Board of Trustees *consisting of eleven members and until the election of the full Board*, the names and post office addresses of three (3) of the members of the Board of Trustees are as follows:

W. F. Penniman, 1869 Wyoming Avenue, N. W., Washington, D. C.; R. T. Berry, 3119 Rittenhouse St., N. W., Washington, D. C.; Pearl B. Murphy, 1630 Fuller St., N. W., Washington, D. C.

Be it Further Resolved, That a meeting of the members of the corporation be called in the Auditorium of the Department of Labor for the purpose of considering and ratifying the foregoing Resolution; and

Be it Further Resolved, That W. F. Penniman, its President, be and hereby is, designated and constituted as its Attorney in Fact to execute and record these presents."

That, pursuant to said Resolution, a meeting of the members of Group Health Association, Incorporated, was held in the Auditorium of the Department of Labor, Constitution Avenue, between 12th & 14th Streets, N. W., in the City of Washington, D. C., at the hour of 4:30 P. M., on the 22nd day of April, 1937, and the Resolution set forth above was adopted and ratified by a vote of 503 in favor of ratification to 5 against ratification.

In Testimony Whereof, the said Group Health Association, Incorporated, hath on the 21st day of April, A. D. 1937, caused these presents to be signed by W. F. Penniman its President attested by R. T. Berry, its Secretary, and its corporate seal to be hereunto affixed; and doth appoint W. F. Penniman, its true and lawful Attorney in Fact, to acknowledge and deliver these presents as its act and deed.

(Corporate Seal)

Group Health Association, Incorporated, by W. F. Penniman, President. (Seal.) Teste: R. T. Berry, Secretary. (Seal.)

Signed, sealed and delivered in the presence of:  
A. Blaine York, Jas. Julien Bush.

DISTRICT OF COLUMBIA, to-wit:

I, Henry S. Wood, a Notary Public in and for the District of Columbia, do certify that W. F. Penniman, who is personally well known to me as the person named as the Attorney in Fact in the foregoing certificate bearing date on the 21st day of April, A. D. 1937, and hereto annexed, personally appeared before me in said District and as Attorney in Fact as aforesaid, and by virtue of the author-

ity vested in him by said certificate acknowledged the same to be the act and deed of Group Health Association, Incorporated.

Given under my hand and seal this the 21st day of April, A. D. 1937. Henry S. Wood, Notary Public, D. C. (Notarial Seal.)

Office of the Recorder of Deeds  
District of Columbia

This is to certify that the foregoing is a true and verified copy of the Certificate of Amendment to Certificate of Incorporation of Group Health Association, Incorporated and of the whole of said Certificate of Amendment as filed in this Office the 26th day of April, A. D. 1937, and recorded in Liber 54, folio 91, et seq., one of the Incorporation Records of the District of Columbia.

In Testimony Whereof, I have hereunto set my hand and fixed the seal of this Office this 21st day of Oct., A. D. 1940.  
Wm. J. Thompkins, Recorder of Deeds, D. C. (Seal.)

No. 24234.

Certificate of Group Health Association, Incorporated

We, the undersigned persons, of full age, citizens of the United States, a majority of whom are citizens of the District of Columbia, desiring to form a corporation in accordance with the provisions of, and for the purposes outlined in Chapter 5, of Title 5, Corporation of the Code of the District of Columbia, do hereby certify as follows:

First. The name by which this corporation shall be known is "Group Health Association, Incorporated". Its address, principal office, and place of business shall be Washington, D. C.

Second. The term for which it is organized shall be perpetual.

Third. The objects and purposes for which this corporation is formed are as follows:

To provide, without profit to the corporation, for the service of physicians and other medical attention and any

and all kinds of medical, surgical and hospital treatment to the members hereof, and their dependents, and the construction and operation of a clinic and medical office building, and the construction and operation of a hospital in the manner permitted by law, for the members hereof and their dependents, and the operation of a drug store or pharmacy, and the providing of nurses and of drugs and remedies for the members hereof and their dependents, and the furnishing of all forms of hospital service and attention to the members hereof and their dependents, and in general the giving to the membership of this association and their dependents of all forms of care, treatment or attention that may be required by the sick or in the prevention of disease.

To these ends the said corporation shall have the right of acquiring, taking, receiving and holding all manner of land, tenements, leaseholds, or any other kind of real estate or any interest therein, and of owning, improving and disposing of the same; borrowing money and securing the same by mortgage upon its real estate and otherwise, and holding and owning any kind of property, goods and chattels acquired by it in any manner, and of employing and disposing of the same for the purposes for which the corporation is formed and to further its general welfare; and of entering into, making, performing, and carrying out contracts of every sort and kind which may be necessary or convenient for the business and purposes of this corporation and which may be permitted by law.

The foregoing enumeration of specific powers shall not be deemed to limit or restrict in any manner the general powers of the corporation and the enjoyment and exercise thereof as conferred by the laws of the District of Columbia upon corporations organized under the provisions of the law for the purposes stated, but this corporation shall have the power to do all and everything necessary, suitable, and proper for the accomplishment of any of the purposes, or the attainment of any of the objects, or the furtherance of any of the powers herein set forth, so far as the same may be permissible under the law, and provided that the same may not be inconsistent with the laws under which this corporation is organized.

Fourth. The corporation shall have no capital stock but shall be an association controlled by its members. The



membership of the corporation shall be composed solely of employees of any branch of the United States Government service other than officers and enlisted men of the United States Army and Navy. All members shall have equal rights of membership and those whose dues have been paid at the time, if ever, liquidation of its affairs takes place shall have the right to share in the distribution of its assets.

Fifth. The private property of the members shall not be subject to the payment of the corporate debts or obligations and no personal liability therefor is assumed.

Sixth. The affairs of the Corporation shall be managed and controlled by a Board of Trustees. The names and post office addresses of the members of the Board of Trustees are as follows:

W. F. Penniman, 1869 Wyoming Avenue, N.W., Washington, D. C.

R. T. Berry, 3119 Rittenhouse Street, N.W., Washington, D. C.

Pearl B. Murphy, 1630 Fuller Street, N.W., Washington, D. C.

Seventh. Whenever, for any reason or cause, this corporation is dissolved, its affairs shall be liquidated by the Board of Trustees who are hereby vested with full power, within the limit provided by law, to sell any or all assets of the corporation, either separately or en masse, and to convey full and complete title thereto; and shall have full power, as prescribed by law, to do and perform all acts necessary and proper to fully and completely liquidate the affairs and distribute the proceeds, if any, among members of this corporation then in good standing and whose dues and assessments, if any, have been fully paid.

In Testimony Whereof we have hereunto subscribed our respective names and affixed our seals on this the 19th day of February, 1937.

In the presence of: Anthony W. De Poto, A. Blaine York, W. F. Penniman, R. T. Berry, Pearl B. Murphy. (Seal.)

DISTRICT OF COLUMBIA, ss:

I, Anthony W. De Poto, a Notary Public in and for the District of Columbia, do hereby certify that W. F. Penni-

man, R. T. Berry and Pearl B. Murphy, parties to the foregoing and annexed Certificate of Incorporation bearing date on the 19th day of February, 1937, personally appeared before me, in said District of Columbia, the said W. F. Penniman, R. T. Berry and Pearl B. Murphy, being personally well known to me as the persons who executed the said Certificate of Incorporation and acknowledged the same to be their act and deed.

Given under my hand and seal this 23 day of February, 1937. Anthony W. De Poto, Notary Public, D. C. (Notarial Seal.)

My commission expires 15th day of January, 1939.

**Office of the Recorder of Deeds**

**District of Columbia**

This is to certify that the foregoing is a true and verified copy of the Certificate of Incorporation of the Group Health Association, Incorporated, and of the whole of said Certificate of Incorporation, as filed in this Office the 24th day of Feb., 1937, and recorded in Liber 53, folio 556, et seq., one of the Incorporation Records of the District of Columbia.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of this Office this 21st day of Oct., A. D. 1940.

Wm. J. Tompkins, Recorder of Deeds, D. C. (Seal.)

**By-Laws of Group Health Association, Incorporated.**

The American Medical Association Was Incorporated in the State of Illinois Under the Provisions of "An Act Concerning Corporations", Approved April 18, 1872. As Amended and In Force on April 14, 1897, November 27, 1902, and September 24, 1904, said Act Provides:

**Not for Pecuniary Profit**

Associations (not for pecuniary profit) may be formed as hereafter provided. Any three or more persons, citizens of the United States, who shall desire to associate themselves with any lawful purpose, other than for pecuniary profit, may make, sign and acknowledge, before any officer authorized to take acknowledgements of deeds in this state,

and file in the office of the secretary of state, a certificate in writing, in which shall be stated in the name or title by which such corporation, society or association shall be known in law, the particular business and objects for which it is formed, the number of its trustees, directors or managers, and the name of the trustees, directors or managers selected for the first year of its existence.

Upon filing a certificate as aforesaid, the secretary of state shall thereupon issue a certificate of the organization of the corporation, society or association, making a part thereof a copy of all papers filed in his office in and about the organization thereof, and duly authenticated under his hand and seal of state; and the same shall be recorded in a book for that purpose, in the office of the recorder of deeds of the county in which the principal place of business of such corporation, society, or association is located. Upon complying with the foregoing conditions, the corporation, society or association, shall be deemed fully organized, and may proceed to business; provided, the secretary of state shall not issue a certificate of organization to any corporation, society or association under the name of any then existing.

Corporations, associations, and societies, not for pecuniary profit, formed under this act shall be bodies corporate and politic, by the name stated in such certificate; and by that name they and their successors shall and may have succession, and shall be persons in law capable of suing and being sued; may have power to make and enforce contracts in relation to the legitimate business of their corporation, society, or association; may have and use a common seal, and may change or alter the same at pleasure, and they and their successors by their corporate names, shall, in law, be capable of taking, purchasing, holding and disposing of real and personal estate for purposes of their organization; may, by their trustees, directors, or manager, make by-laws of this State, or of the United States, which by-laws among other things, shall prescribe the duties of all officers of the corporation, society, or association, and the qualifications of members of the corporation, and shall provide for annual meetings of such members, and for the calling of special meetings, when necessary, and for the number of members that shall constitute a quorum for the transaction of business at any such annual or special meetings,

At any such meeting members of the corporation may take part and vote in person or by proxy. The by-laws of the corporation, made by the trustees, directors, or managers, may be modified, altered, or amended at any such annual meeting; or at any adjourned session thereof. Associations and societies which are intended to benefit the widows, orphans, heirs and devisees of deceased members thereof, and members who have received a permanent disability shall not be deemed insurance companies.

Corporations, associations, and societies not for pecuniary profit, formed under the provisions of this act, may elect trustees, directors, or managers from the members thereof, in such manner, at such times and places, and for such periods, as may be provided by the certificate of incorporation, or in case such certificate does not contain such provisions, then as may be provided by the by-laws, which trustees, directors, or managers shall have the control and management of the affairs and funds of the corporation, society or association. Said trustees, managers or directors may upon consent of the corporation, society or association, expressed by the vote of a majority of the members thereof, borrow money, to be used solely for purposes of their organization, and may pledge their property therefor. Whenever trustees, managers or directors shall be elected, a certificate under the seal of the corporation giving the names of those elected and the term of their office, shall be recorded in the office of the recorder of deeds, where the certificate obtained is recorded. Vacancies in the board of trustees, directors or managers, shall be filled in the manner provided by their by-laws, and upon filling any vacancy, a like certificate shall be recorded.

No dividend or distribution of the property of such corporation, society or association shall be made until all debts are fully paid, and then only upon its final dissolution and surrender of organization and name; nor shall any distribution be made except by a vote of a majority of the members. When a distribution of their property is contemplated, the trustees, directors or managers shall file a statement under oath, in the office of the recorder of deeds, in the county where the business office is located, that all debts of the corporation, society or association are paid. And in case a distribution shall be made before filing such statement under oath, or if such statement shall be wilfully false, said trustees, directors, or managers, shall be jointly



and severally liable for the debts of such corporation, society or association. When a final dissolution of any corporation, society, or association, organized by virtue of this act, has been agreed upon, the trustees, directors, or managers shall file, in the office of the secretary of state, a certificate thereof, under seal of the corporation; and upon the filing of said certificate such organization shall cease to exist.

Any such corporation, society, or association may change its articles of association, in the manner prescribed by their own rule; but no such change shall be of legal effect, until a certificate thereof, under seal of such corporation, society, or association, shall be filed in the office of the secretary of state, and recorded in the office of the recorder of deeds in which the original certificate was recorded.

### Gov. Ex. 2

IN THE DISTRICT COURT OF THE UNITED STATES  
FOR THE DISTRICT OF COLUMBIA

Criminal No. 63,221

UNITED STATES OF AMERICA, Plaintiff,

v.

AMERICAN MEDICAL ASSOCIATION ET AL., Defendants.

### Stipulation

It is hereby stipulated and agreed by and between counsel for the defendants and counsel for the United States that:

1. The publications entitled "Proceedings of the House of Delegates of the American Medical Association The Seventy-Seventh Annual Session Held at Dallas, Texas April 19-23, 1926"; "Proceedings of the House of Delegates of the American Medical Association The Seventy-Eighth Annual Session Held at Washington, D. C., May 16-20, 1927"; "Proceedings of the House of Delegates of the American Medical Association The Seventy-Ninth Annual Session Held at Minneapolis, Minn. June 11-15, 1928"; "Proceedings of the House of Delegates of the American Medical Association The Eightieth Annual Session Held at Portland, Ore. July 8-12, 1929"; "Proceedings of the House of Delegates of the American Medical Association The Eighty-First Annual Session Held at Detroit, Mich. June 23-27,



1930"; "Proceedings of the House of Delegates of the American Medical Association The Eighty-Second Annual Session Held At Philadelphia, Pa. June 8-12, 1931"; "Proceedings of the House of Delegates of the American Medical Association The Eighty-Third Annual Session Held At New Orleans, La. May 9-13, 1932"; "Proceedings of the House of Delegates of the American Medical Association The Eighty-Fourth Annual Session Held At Milwaukee, Wis. June 12-16, 1933"; "Proceedings of the House of Delegates of the American Medical Association The Eighty-Fifth Annual Session Held At Cleveland, Ohio June 11-15, 1934"; "Proceedings of the House of Delegates of the American Medical Association The Special Session Held At Chicago, Ill. February 15-16, 1935"; "Proceedings of the House of Delegates of the American Medical Association The Eighty-Sixth Annual Session Held at Atlantic City, N. J. June 10-14, 1935"; "Proceedings of the House of Delegates of the American Medical Association The Eighty-Seventh Annual Session Held At Kansas City, Mo., May 11-15, 1936"; "Proceedings of the House of Delegates of the American Medical Association The Eighty-Eighth Annual Session Held At Atlantic City, N. J. June 7-11, 1937"; "Proceedings of the House of Delegates of the American Medical Association The Eighty-Ninth Annual Session Held At San Francisco, Calif. June 13-17, 1938" were published and circulated by the American Medical Association.

2. The issues of The Journal of the American Medical Association for October 25, 1930; June 11, 1932; October 22, 1932; December 3, 1932; December 10, 1932; October 28, 1933; July 14, 1934; July 28, 1934; September 12, 1936; April 3, 1937; May 29, 1937; October 2, 1937; and March 11, 1939, were published and circulated by the American Medical Association.

3. The pamphlets entitled "Essentials of a Registered Hospital," "Essentials in a Hospital Approved for Training Interns," and "Essentials in a Hospital Approved for Residencies in Specialties," were published and circulated by the Council on Medical Education and Hospitals for the American Medical Association.

The foregoing contents of this stipulation and the stipulation itself are not to be considered as evidence offered on behalf of any of the parties hereto, unless and until the same, or any part thereof, is offered in evidence by any party hereto and then only as evidence on behalf of the

party offering same. Upon the offer by any party of any part or all of this stipulation, in evidence, said stipulation, or any part thereof, will be subject to the objection by any other party hereto that the facts hereby stipulated or any of said facts are incompetent, irrelevant and immaterial on the issues formed in this case.

No objection will be made that the stipulation is not competent evidence of the facts stated in the stipulation but objection may be made that the facts so stipulated are not competent on the issues formed.

Seibert Riebend, N., William E. Leahy, Edward M. Burke, Chas. J. Baker, John E. Laskey, Counsel for the Defendants. John Henry Lewin, Grant W. Kelleher, Special Assistants to the Attorney General.

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Gov. Ex. 23

November 8, 1937.

George Washington University Hospital, 1339 H Street,  
N. W., Washington, D. C.

GENTLEMEN:

The Group Health Association, Inc., a mutual, voluntary organization, has been created by the employees of the Federal Home Loan Bank Board and its agencies for the purpose of providing themselves and dependent members of their families with medical and surgical care and, when necessary, with hospitalization in recognized hospitals of high standing.

As the representative of the Group Health Association, I hereby request the George Washington University Hospital to admit members of the Group Health Association for customary hospital service upon the request of its Medical Director, Dr. Henry Rolf Brown.

Request is also made to permit Dr. Raymond E. Selders, Surgeon, attached to the staff of the Group Health Association, . . . to attend these patients while hospitalized. For your information, we are attaching hereto a record of Dr. Selders' education, training and experience.

The Group Health Association will be responsible for the payment of the costs of hospitalization at customary rates, in each case for a period limited to 21 days for any one

illness for each patient admitted upon the request of the Medical Director.

If you desire further information or a conference with us, we shall be glad to have you let us know. Because of the importance of this request, however, an early and favorable reply will be appreciated.

Very truly yours, William F. Penniman, President.

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Gov. Ex. 24

November 8, 1937.

Sibley Memorial Hospital, Washington, D. C.

GENTLEMEN:

The Group Health Association, Inc., a mutual, voluntary organization, has been created by the employees of the Federal Home Loan Bank Board and its agencies for the purpose of providing themselves and dependent members of their families with medical and surgical care and, when necessary, with hospitalization in recognized hospitals of high standing.

As the representative of the Group Health Association, I hereby request the Sibley Memorial Hospital to admit members of the Group Health Association for customary hospital service upon the request of its Medical Director, Dr. Henry Rolf Brown.

Request is also made to permit Dr. Raymond E. Selders, Surgeon, attached to the staff of the Group Health Association, \* \* \* to attend these patients while hospitalized. For your information, we are attaching hereto a record of Dr. Selders' education, training and experience.

The Group Health Association will be responsible for the payment of the costs of hospitalization at customary rates, in each case for a period limited to 21 days for any one illness for each patient admitted upon the request of the Medical Director.

If you desire further information or a conference with us, we shall be glad to have you let us know. Because of the importance of this request, however, an early and favorable reply will be appreciated.

Very truly yours, William F. Penniman, President.

Gov. Ex. 25

Group Health Association, Incorporated  
1328 Eye Street, N. W.  
Washington, D. C.

November 8, 1937.

Dr. Louis H. Taylor, President, Sibley Memorial Hospital,  
1140 N. Capitol Street, N. W., Washington, D. C.

DEAR DR. TAYLOR:

For your information, I am attaching hereto a copy of a letter addressed to the Sibley Memorial Hospital, requesting permission to admit patients who are members of the Group Health Association to the hospital upon the request of the Medical Director.

Also, a request to permit Dr. Raymond E. Selders, Surgeon, who is attached to the staff of the Group Health Association to attend these patients while hospitalized.

For your further information, there is attached a record of Dr. Selders' education, training and experience.

Your assistance in obtaining prompt and favorable action will be very much appreciated.

Very truly yours, William F. Penniman, President.

Gov. Ex. 26

November 8, 1937.

Episcopal Ear, Eye and Throat Hospital, 1147 15th Street,  
N. W., Washington, D. C.

GENTLEMEN:

The Group Health Association, Inc., a mutual, voluntary organization, has been created by the employees of the Federal Home Loan Bank Board and its agencies for the purpose of providing themselves and dependent members of their families with medical and surgical care and, when necessary, with hospitalization in recognized hospitals of high standing.

As the representative of the Group Health Association, I hereby request the Episcopal Ear, Eye and Throat Hospital to admit members of the Group Health Association

for customary hospital service upon the request of its Medical Director, Dr. Henry Rolf Brown.

Request is also made to permit Dr. Raymond E. Selders, Surgeon, attached to the staff of the Group Health Association, . . . to attend these patients while hospitalized. For your information, we are attaching hereto a record of Dr. Selders' education, training and experience.

The Group Health Association will be responsible for the payment of the costs of hospitalization at customary rates, in each case for a period limited to 21 days for any one illness for each patient admitted upon the request of the Medical Director.

If you desire further information or a conference with us, we shall be glad to have you let us know. Because of the importance of this request, however, an early and favorable reply will be appreciated.

Very truly yours, William F. Penniman, President.

---

Gov. Ex. 28

November 8, 1937.

New Emergency Hospital, 1711 New York Avenue, N. W.,  
Washington, D. C.

GENTLEMEN:

The Group Health Association, Inc., a mutual, voluntary organization, has been created by the employees of the Federal Home Loan Bank Board and its agencies for the purpose of providing themselves and dependent members of their families with medical and surgical care and, when necessary, with hospitalization in recognized hospitals of high standing.

As the representative of the Group Health Association, I hereby request the New Emergency Hospital to admit members of the Group Health Association for customary hospital service upon the request of its Medical Director, Dr. Henry Rolf Brown.

Request is also made to permit Dr. Raymond E. Selders, Surgeon, attached to the staff of the Group Health Association, . . . to attend these patients while hospitalized. For your information, we are attaching hereto a record of Dr. Selders' education, training and experience.



The Group Health Association will be responsible for the payment of the costs of hospitalization at customary rates, in each case for a period limited to 21 days for any one illness for each patient admitted upon the request of the Medical Director.

If you desire further information or a conference with us, we shall be glad to have you let us know. Because of the importance of this request, however, an early and favorable reply will be appreciated.

Very truly yours, William F. Penniman, President.

---

Gov. Ex. 29

Group Health Association, Incorporated  
1328 Eye Street, N. W.  
Washington, D. C.

November 8, 1937.

Major Gist Blair, President, Board of Trustees, New Emergency Hospital, Union Trust Building, Washington, D. C.

DEAR MAJOR BLAIR:

For your information, I am attaching hereto a copy of a letter addressed to the New Emergency Hospital, requesting permission to admit patients who are members of the Group Health Association to the hospital upon the request of the Medical Director.

Also, a request to permit Dr. Raymond E. Selders, Surgeon, who is attached to the staff of the Group Health Association to attend these patients while hospitalized.

For your further information, there is attached a record of Dr. Selders' education, training and experience.

Your assistance in obtaining prompt and favorable action will be very much appreciated.

Very truly yours, William F. Penniman, President.

Gov. Ex. 31

[Stamp:] Council on Medical Education and Hospitals.  
Dec. 14, 1937

The Medical Society of Milwaukee County

Theodore Wiprud, Executive Secretary

Bankers' Building.  
Milwaukee, Wisconsin

December 13, 1937.

Dr. Peterson.

GENTLEMEN:

What requirements must be met by hospitals to be recognized for interne training?

As I understand it members of the staffs of these institutions must be members of their local county medical society. Is this equally true of associate and visiting staff members?

I would appreciate an early reply.

Cordially yours, Theodore Wiprud, Executive Secretary.

American Medical Association, Council on Medical Education and Hospitals, 535 North Dearborn Street, Chicago, Illinois.

Gov. Ex. 33

Roster

THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA, 1937

1718 M Street, Washington, D. C.

LIST OF MEMBERSHIP—1937, INCLUDING CHANGES

"E"—Elected

"S"—Signed

• —Life Members

Number on Rolls

At beginning of year:

Active	707
Life	43
Associate	119
Honorary	7

Total 876

At end of year:

Active	741
Life	48
Associate	134
Honorary	7

Total 930

## Active and Life Members

Senior-  
ity No.

- 324 Abbe, Truman, 3741 Huntington Street, N. W.  
 1358 Abernathy, Theodore Judson, 1411 Twentieth Street, N. W. E. 1/6;  
 S. 1/25.  
 398 Adams, Roy Delaplaine, 1150 Connecticut Avenue, N. W.  
 948 Alexander, Guy Levis, 7214 Blair Road, N. W.  
 775 Alexander, Samuel Allen, 1801 Eye Street, N. W.  
 1087 Alfaro, Victor Ricardo, 1801 Eye Street, N. W.  
 428 Allen, Charles Walker, 3115 Forty-sixth Street, N. W.  
 1353 Allman, Francis Charles, 127 Twelfth Street, S. E. E. 1/6; S. 1/19.  
 1196 Alpher, Isadore Meyer, The Farragut Medical Building.  
 312 Anderson, Charles Loftus Grant, 1739 Eye Street, N. W. Trans. to  
 Ass. 12/15/37.  
 930 Anderson, Harry Ford, 1746 K Street, N. W.  
 1300 Anderson, William Staton, 2010 R Street, N. W.  
 866-A Argy, William Philip, 1150 Connecticut Avenue, N. W.  
 322 Arnold, John Sheridan, 5000 Illinois Avenue, N. W.  
 1146 Aronstein, Charles Goodman, 1707 Columbia Road, N. W.  
 704 Atkinson, Francis Vernon, 516 A Street, N. E.  
 135 \*Atkinson, Wade Hampton, 1402 M Street, N. W.  
 1266 Atkinson, Walter, 1835 Eye Street, N. W.  
 1312 Ault, Garnet Walter, 1801 Eye Street, N. W.  
 515 Avery, Frederick Scott, 1623 Massachusetts Avenue, N. W.  
 1112 Baber, John Marion, 1819 G Street, N. W.  
 1372 Bachrach, Louis Bernard, The Farragut Medical Bldg. E. 3/3; S. 3/18.  
 647 Bacon, Robert B., 216-217 Bond Building.  
 879 Bagusin, Alexis Matthew, 5726 Cross Country Blvd., Baltimore, Md.  
 Resigned 12/15/37.  
 236 Bailey, Grafton D. P., Barrister Building.  
 399 Bain, Seneca Bray, 1301 Fairmont Street, N. W.  
 687 Baker, May Davis, 1767 Lanier Place, N. W.  
 121 \*Baker, Robert W., 1827 Jefferson Place, N. W.  
 1228 Baker, Wyrth Post, 1861 Wyoming Avenue, N. W.  
 1307 Ball, George Lindsay, 1301 Longfellow Street, N. W.  
 912 Ballinger, William McCormick, 1801 Eye Street, N. W.  
 94 \*Balloch, Edward Arthur, The Wyoming.  
 124 \*Barber, James Henry Morgan, 1751 Columbia Road, N. W.  
 1174 Barger, Gervase James Patterson, 1125 Buchanan Street, N. W.  
 310 Barker, Howard Wilson, 2770 Kingsbridge Terrace, Bronx, N. Y.  
 442 Barnhart, Grant Samuel, 1434 Rhode Island Avenue, N. W.  
 998 Barr, Eugene Osmon, The Farragut Medical Building.  
 231 Barry, Edmund, 1844 Columbia Road, N. W.  
 353 Bartsch-Dunne, Anna, 2900 Connecticut Avenue, N. W.  
 1003 Bateman, Joseph J., 3010 Wisconsin Avenue, N. W.  
 178 \*Battle, Lewis Junius, 1401 Kennedy Street, N. W.  
 650 Battles, Samuel Lee, Montgomery Apartment  
 446 Bayne, Joseph Breckenridge, Oxon Hill, Md.  
 302 Beale, Robert Somervell, 1318 Nineteenth Street, N. W.  
 337 Beall, Charles Middleton, 4611 Sixteenth Street, N. W.  
 1382 Beard, William Henry, 2814 Connecticut Avenue, N. W. E. 5/19;  
 S. 5/28.  
 976 Becker, Samuel Maurice, 2028 Sixteenth St., N. W. Expelled 5/12/37.  
 225 Behrend, Edwin Bernhard, 1854 Biltmore Street, N. W.  
 1330 Belair, Joseph Felix, 1726 Eye Street, N. W.  
 1024 Belt, Norvell, 1726 Eye Street, N. W.

Senior-  
ity No.

- 1075 Benjamin, Samuel, 1801 Calvert Street, N. W.  
 317 Bennett, Adolphus Bogardus, 1801 Eye Street, N. W.  
 1135 Benton, Frederick Leslie, 4928 Reservoir Road, N. W..  
 724 Bernton, Harry Saul, 1922 Eye Street, N. W.  
 1391 Bets, Andrew Joseph, 1029 Vermont Avenue, N. W. E. 5/19; S. 8/9.  
 1055 Bier, Robert Allan, 1954 Columbia Road, N. W.  
 849 Bierman, Morris I., 1801 Eye Street, N. W.  
 525 Biggs, Joseph Rozier, 1323 Girard Street, N. W.  
 425 Billard, Charles Louis, 1029 Vermont Avenue, N. W.  
 1073 Birdsall, Gregg Custis, 1832 Kalorama Road, N. W.  
 427 Birtwell, Daniel Thomas, 1325 Columbia Road, N. W.  
 308 Biscoe, Frank Lee, Veterans Administration Facility, Wadsworth, Kansas. Died, 7/18/37.  
 1113 Blair, Montgomery, Jr., 2222 Que Street, N. W.  
 1345 Blajwas, Abe, 2310 Connecticut Ave., N. W. E. 1/6; S. 1/14.  
 1250 Bliss, Charles Lincoln, The Kenesaw.  
 1129 Bloedorn, Walter Andrew, 1835 Eye Street, N. W.  
 1389 Bockoven, Sterling, 1752 Massachusetts Ave., N. W. E. 5/19; S. 6/18.  
 547 Bogan, Joseph Borrows, 1320 Ingraham Street, N. W.  
 1187 Bolton, Robert Heston, 2700 Thirty-sixth Street, N. W.  
 599 Borden, Daniel LeRay, 1935 Eye Street, N. W.  
 1107 Bosworth, Robert Joseph, 811 Eighth Street, N. E.  
 105 \*Bowen, William Sinclair, 3125 Cathedral Avenue, N. W.  
 761 Bowne, Charles Jacob, 2001 Rhode Island Avenue, N. E.  
 1323 Boyd, Walter Willard, 1835 Eye Street, N. W.  
 214 Braden, Frank Wheeler, 628 East Capitol Street.  
 740 Bradley, Jeter Carroll, The Farragut Medical Building.  
 1280 Bradley, Thomas, 1601 Twenty-eighth Street, N. W.  
 767 Brady, John Chester, 35 New York Avenue, N. W.  
 482 Brady, Zadoc Maurice, 1312 Kenilworth Avenue, N. E.  
 360 Brandenburg, Wilbur Henry Rietz, 1746 K Street, N. W. Died, 5/11/37.  
 1230 Branson, Joseph Holmes, 3531 Sixteenth Street, N. W.  
 781 Breeding, Earle Griffith, 1801 Eye Street, N. W.  
 987 Brennan, John Francis, 3425 Twelfth Street, N. E.  
 1328 Briggs, Crenshaw Douglas, 1726 Eye Street, N. W.  
 1100 Brilmyer, George Joseph, 601 Jefferson Street, N. W.  
 578 Brooks, J. Lester, The Woodward Building.  
 1039 Brotman, Irving, 1746 K Street, N. W.  
 808 Brown, Grafton Tyler, 1801 Eye Street, N. W.  
 1043 Brown, Leo T., 1835 Eye Street, N. W.  
 1329 Brown, Radford, 1601 Nineteenth Street, N. W.  
 97 \*Brumbaugh, Gaius Marcus, 905 Massachusetts Avenue, N. W.  
 1398 Brue, Peter Paul, 413 Ingraham Street, N. W. E. 11/3; S. 11/16.  
 1222 Bruner, Weston, Jr., 4911 Van Ness Street, N. W.  
 936 Bullock, John Henry, 766 Rock Creek Church Road, N. W.  
 615 Burbank, Caryl, 1801 Eye Street, N. W.  
 423 Burch, Edward Warren, 336 Maryland Avenue, N. E.  
 1380 Burch, Warren Bernard, 212 Maryland Avenue, N. E. E. 5/19; S. 5/27.  
 1030 Burdick, William Foster, 5430 Connecticut Avenue, N. W..  
 562 Burke, John Woolfolk, 2311 Tracy Place, N. W.  
 591 Bush, Daniel P., 1673 Columbia Road, N. W.  
 962 Butler, Homer Kirk, 1241 Pennsylvania Avenue, S. E.  
 96 \*Butler, William Kennedy, 1207 M Street, N. W.  
 807 Buts, Abraham Depue, 428 Eighth Street, S. E.  
 809 Cafrits, Edward Alexander, 1835 Eye Street, N. W.  
 736 Cahill, James Augustine, Jr., 2607 Connecticut Avenue, N. W.

Senior-  
ity No.

- 878 Cajigas, Tomas, 1801 Eye Street, N. W.  
 1264 Cake, Charles Powell, 1726 Eye Street, N. W.  
 828 Campbell, Charles Berger, The Farragut Medical Building.  
 791 Campbell, Elliott Muse, 3100 Sixteenth Street, N. W.  
 1313 Campbell, Neil Porter, 1409 Newton Street, N. W.  
 801 Carbo, Ralph John, 1105 Buchanan Street, N. W.  
 1360 Cardwell, John Leland, 1371 Kalmia Road, N. W. E. 1/6; S. 1/30.  
 1216 Carr, Elma Bebee, 1029 Vermont Avenue, N. W.  
 1221 Carroll, Charles Troll, 6801 Sixth Street, N. W.  
 1276 Carter, Hill, 1029 Vermont Avenue, N. W.  
 1336 Casady, John Warren, 5022 Reno Road, N. W. E. 1/6; S. 1/13.  
 737 Castell, Louis Bernard, 1835 Eye Street, N. W.  
 1365 Cate, Leah Huntley, 2737 Macomb Street, N. W. E. 1/6; S. 3/3.  
 1203 Caulfield, Philip Alexander, 2607 Connecticut Avenue, N. W.  
 1153 Cavanagh, John Richard, 1919 North Capitol Street.  
 656 Caylor, Claude Carlisle, 3733 Warren Street, N. W.  
 234 Chadwick, DeWitt Clinton, 1120 Vermont Avenue, N. W.  
 137 \*Chappell, John William, 3901 Albemarle Street, N. W.  
 1333 Chase, Morris, 4100 Fourteenth Street, N. W.  
 1125 Chase, William Wiley, 1801 Eye Street, N. W.  
 946 Chenery, Alan Jeffries, 1835 Eye Street, N. W.  
 1072 Chickering, Elizabeth Emery, 3601 Connecticut Avenue, N. W.  
 1359 Chinn, Austin Brockenbrough, 1746 K Street, N. W. E. 1/6; S. 1/26.  
 526 Chipman, Cline N., 1420 Rhode Island Avenue, N. W.  
 1197 Choisser, Roger Morrison, 3500 Thirty-sixth Street, N. W.  
 700 Christie, Arthur Carlisle, 1835 Eye Street, N. W.  
 127 \*Clark, George Campbell, 1339 East Capitol Street.  
 438 Clarke, William Earl, 1029 Vermont Avenue, N. W.  
 887 Claud, Harry Lee, 1801 Eye Street, N. W.  
 177 \*Claytor, Thomas Ash, 1826 R Street, N. W.  
 819 Clements, Lyman Jairus, 512 B Street, N. E.  
 1279 Clements, William Heman, 512 B Street, N. E.  
 626 Coale, Edith Seville, 800 Sixteenth Street, N. W.  
 1033 Cockerille, Lawrence Lee, The Farragut Medical Building.  
 935 Coe, Frederick Oscar, 1835 Eye Street, N. W.  
 1102 Cogswell, Frank Benjamin, 4815 Fourteenth Street, N. W.  
 1192 Cohen, Roger Stahel, 1726 Eye Street, N. W.  
 1346 Coiner, Emmett Grayson, 2700 Connecticut Ave., N. W. E. 1/6; S. 1/14  
 913 Cole, Hazen Eugene, 639 East Capitol Street.  
 1226 Collins, James Lloyd, 1801 Eye Street, N. W.  
 1124 Colvin, Henry Lynn, 1211 Sheridan Street, N. W.  
 535 Conklin, Coursen Baxter, 1801 Eye Street, N. W.  
 590 Conklin, Rush West, 3100 Twentieth Street, N. E.  
 981 Conlon, Robert Joseph, 1424 K Street, N. W.  
 1130 Connolly, Aloysius John Buchmans, 1635 Irving Street, N. W.  
 762 Connor, Jack Anthony, 2026 Sixteenth Street, N. W.  
 1002 Constantinople, Panagiotis S., 1801 Eye Street, N. W.  
 458 Constat, John, 1111 Massachusetts Avenue, N. W.  
 1325 Cooper, Lina Fenimore, 2222 Que Street, N. W.  
 1004 Cooper, Robert Ulah, 2210 Nichols Avenue, S. E.  
 294 Copeland, Edgar Pasquid, 2711 Woodley Road, N. W.  
 1347 Corley, Karl Coates, 3921 Ingomar Street, N. W. E. 1/6; S. 1/14  
 1184 Costello, James Roger, The Farragut Medical Building.  
 1208 Costenbader, Frank Duncan, 1726 Eye Street, N. W.  
 1017 Goulter, Archibald Barklie, 1150 Connecticut Avenue, N. W.  
 1114 Courtney, Francis Xavier, 5601 Fourth Street, N. W.



Senior-  
ity No.

- 774 Cousins, Sidney Charles, 3921 Ingomar Street, N. W.  
 582 Cox, Oliver Clemence, 4616 Argyle Terrace, N. W.  
 1281 Cox, Ronald Atmore, The Farragut Medical Building.  
 732 Crawford, Charles Brown, 1337 Twenty-first Street, N. W.  
 937 Creswell, George William, 1630 R Street, N. W.  
 1188 Crisp, Edwin Stanton, 329 East Capitol Street.  
 852 Crisp, Thomas Benton, Jr., 501 Eighth Street, N. E.  
 1321 Cromer, Jerry Keith, 1801 Eye Street, N. W.  
 1348 Cross, Allen Slayman, 1100 Pennsylvania Ave., S. E. E. 1/6; S. 1/14.  
 153 Crosson, Henry Joseph, 1746 M Street, N. W.  
 897 Crowe, John W., 1325 Park Road, N. W.  
 719 Crowley, Jerome F., 1150 Connecticut Avenue, N. W.  
 733 Culver, Cyrus Whitney, 3781 Oliver Street, N. W.  
 968 Cummings, James Gordon, 203 District Building.  
 1179 Cummings, Edward Joseph, 1835 Eye Street, N. W.  
 867 Cusack, William Joseph, 1621 Connecticut Avenue, N. W.  
 1062 Custis, James Bayard Gregg, 1860 Columbia Road, N. W.  
 1227 Custis, Marvin A., 626 East Capitol Street.  
 969 Daniels, Worth Bagley, 1726 Eye Street, N. W.  
 1149 Dardinski, Vincent Joseph, 309 Marion Avenue, Clarendon, Va.  
 494 Darnall, Moses Hubbard, 1006 The Conrad Apartment.  
 1020 Darner, Henry Laurant, The LaSalle.  
 1251 Daughton, Alva Duckett, East Falls Church, Va.  
 409 Davidson, Edward Young, 512 East Capitol Street.  
 1101 Davies, Harry Francis, 1835 Eye Street, N. W.  
 759 Davis, Daniel, 1901 Wyoming Avenue, N. W.  
 900 Davis, David, 1835 Eye Street, N. W.  
 1377 Davis, Edgar Willingham, 1150 Connecticut Ave., N. W. E. 1/6; S. 3/30.  
 832 Davis, Hugh Jefferson, 1801 Eye Street, N. W.  
 622 Davis, William Thornwall, 927 Farragut Square, N. W.  
 1099 Deaf, Benjamin Franklin, Jr., 1835 Eye Street, N. W.  
 1335 deButts, Richard Earle, 1150 Connecticut Ave., E. 11/4/36; S. 1/7/37.  
 1008 Deep, Anthony Abraham, 941 Massachusetts Ave., N. W. Died 12/12/37.  
 1210 DeKleine, William, 3000 Tilden Street, N. W.  
 954 Demas, Charles John, 1301 Massachusetts Ave., N. W. Reinstated 3/3/37.  
 950 DeMayo, John Lorain, 5039 Kansas Avenue, N. W.  
 893 De Saussure, Richard Laurens, 1800 Eye Street, N. W.  
 1272 Densoff, Joseph, 1726 Eye Street, N. W.  
 1118 Densoff, Samuel, The Farragut Medical Building.  
 1095 Dewey, George, 1801 Eye Street, N. W.  
 1027 Diatz, Philip, 700 Emerson Street, N. W.  
 1202 Dodek, Samuel Mayer, 1835 Eye Street, N. W.  
 1337 Dolan, John Vincent, 3100 Conn. Ave., N. W. E. 1/6; S. 1/13.  
 910 Donahue, Matthew Edward, 1617 Thirty-fifth Street, N. W.  
 697 Donn, Frederick Young, 801 Decatur Street, N. W.  
 349 Donnally, Harry Hampton, 1612 Eye Street, N. W.  
 929 Dooley, Lucile, 2446 Sixteenth Street, N. W.  
 835 Dorman, Horatio Nelson, Stoneleigh Court.  
 1338 Douglas, Harry Samuel, 1673 Columbia Road, N. W. E. 1/6; S. 1/13.  
 383 Douglas, James Franklin, 1209 Floral Street, N. W.  
 1262 Dowling, Harry Filmore, 2111 Bancroft Place, N. W.  
 246 Dowling, Thomas, 1006 Jefferson Street, Wilmington, Del.  
 1268 Downey, Harold Rivers, 1740 M Street, N. W.  
 624 Duehring, Frank Edward, 1830 Belmont Road, N. W.  
 1168 Duffey, Depue Hazen, 501 Allison Street, N. W.

Senior-  
ity No.

- 1105 Dull, John Reed, 314 East Capitol Street.  
 1189 Dunkley, Richard Edgar, 1901 Eye Street, N. W.  
 583 Dunmire, Roy Franklin, 119 Eighth Street, S. E.  
 1109 Dunn, William LeRoy, 1150 Connecticut Avenue, N. W.  
 1035 Earley, James Hugh, 1801 Eye Street, N. W.  
 951 Earnest, John Paul, Jr., 2025 R Street, N. W.  
 553 Ecker, Lewis Charles, 1725 N Street, N. W.  
 728 Eckhardt, John Carl, 1834 Irving Street, N. W.  
 1361 Egan, Thomas A., 1835 Eye Street, N. W. E. 1/6; S. 2/6.  
 778 Eichenlaub, Frank Joseph, 1835 Eye Street, N. W.  
 927 Einstein, Hugh, 1835 Eye Street, N. W.  
 1291 Eisenberg, Herman, 311 Fifteenth Street, N. E.  
 1028 Ellerson, Edmund Murdaugh, 1726 Eye Street, N. W.  
 988 Ellis, George Joseph, 636 East Capitol Street.  
 638 Ellison, Everett Monroe, 1720 M Street, N. W.  
 1164 Elvin, John Henry, 6900 Fifth Street, N. W.  
 923 Elward, Joseph Francis, 1726 Eye Street, N. W.  
 1076 Enlows, Ella Morgan Austin, 1726 Eye Street, N. W.  
 714 Eppard, George Irving, 601 Minnesota Avenue, N. E.  
 1042 Esler, James Wallace, 800 Sixteenth Street, N. W.  
 1339 Ethridge, Clayton Bernard, 1801 Eye Street, N. W. E. 1/6; S. 1/13.  
 796 Fadeley, James McNelledge, 1835 Eye Street, N. W.  
 1396 Fenton, Enoch Raymond, 1835 Eye Street, N. W. E. 11/3; S. 11/11.  
 244 Ferguson, Charles Emory, 4414 Delafield Place, N. W.  
 758 Fernald, Clarence Joel, 1514 Columbia Road, N. W.  
 1097 Fields, Russell Joseph, 1726 Eye Street, N. W.  
 1363 Finnegan, John F., 1342 East Capitol Street, E. 1/6; S. 2/16.  
 1137 Finucane, Daniel Leo, Children's T. B. Hosp., Glenn Dale, Md.  
 1104 Fischer, Aubrey David, 1835 Eye Street, N. W.  
 1045 Fishback, Frederick Coleman, 1801 Eye Street, N. W.  
 273 Fisher, Howard, 18 Jewell Road, Clarendon, Va.  
 1288 Fletcher, Harry Marshall, 4535 Wisconsin Avenue, N. W.  
 382 Flynn, James Augustin, 1511 Rhode Island Avenue, N. W.  
 666 Foley, Thomas Madden, 1835 Eye Street, N. W.  
 1144 Fong, Theodore Claremont Chen, 1374 Somerset Place, N. W.  
 1005 Ford, Rowland Houghton, 5213 Fourteenth Street, N. W.  
 1121 Foster, Stuart Oliver, 1726 Eye Street, N. W.  
 354 Fowler, Harry Atwood, Stoneleigh Court.  
 89 \*Fowler, William Charles, Woodley Park Towers. Died 11/19/37.  
 772 Foxwell, Raymond Kennedy, 1029 Vermont Avenue, N. W.  
 266 Foye, Amelia Frances, 1807 R Street, N. W.  
 859 Frankland, Walter Ashby, 2145 C Street, N. W.  
 1063 Freeman, Walter, 1028 Connecticut Avenue, N. W.  
 1256 French, Bernard Semple, 1726 M Street, N. W.  
 1080 French, Leslie Howson, 1726 Eye Street, N. W.  
 1115 Frischkorn, Robert Walter, 1238 Monroe Street, N. E.  
 1319 Fugitt, Elmer Wink, 310 S Street, N. E.  
 1399 Fulcher, Oscar Hugh, 1726 Eye Street, N. W. E. 11/3; S. 11/17.  
 400 Fuller, Homer Gifford, 1835 Eye Street, N. W.  
 1021 Gable, George Roland, The Farragut Medical Building.  
 1295 Gaffney, Leo Bernard, 1801 Eye Street, N. W.  
 995 Gager, Leslie Tracy, 1720 M Street, N. W. Dropped NPD 12/31/37.  
 1031 Gaines, John Marshall, 1408 Kennedy Street, N. W.  
 463 Gannon, James Alonzo, 1915-Biltmore Street, N. W.  
 1022 Gantz, Frank E., The Farragut Medical Building.  
 1150 Gard, Perry William, 2900 Connecticut Avenue, N. W.

Senior-  
ity No.

- 308 Garnett, Alexander Yelverton P., 1824 Massachusetts Avenue, N. W.  
 904 Gates, Herbert Stelwyn, 133 Twelfth Street, S. E.  
 971 Geier, Fred Aloysius Joseph, 1029 Vermont Avenue, N. W.  
 1394 Gerber, Aaron Harry, 2025 Eye Street, N. W. E. 11/3; S. 11/10.  
 281 Gibson, Frank Eugene, 927 Eye Street, N. W.  
 1170 Gilbert, Joseph LeRoy, 1437 Rhode Island Avenue, N. W.  
 734 Gill, Grover Bache, 1726 Eye Street, N. W.  
 84 \*Gill, William Tignor, 1029 Vermont Avenue, N. W.  
 782 Gill, William Tignor, Jr., The Farragut Medical Building.  
 903 Glenn, Joseph Burton, 1606 Twentieth Street, N. W.  
 1273 Glover, Mervin Wilbur, 1801 Eye Street, N. W.  
 1305 Golden, Benjamin, 1900 F Street, N. W.  
 862 Goldenberg, Carl, 1629 Columbia Road, N. W.  
 1220 Goodman, Edgar Leonard, 1801 Eye Street, N. W.  
 866-B Goodman, William Dennis, The Farragut Medical Building.  
 933 Gookin, Edward Richard, 1113 Sixteenth Street, N. W.  
 1082 Gordon, Leon Stuart, 1801 Eye Street, N. W.  
 1332 Govern, Frank Witton, 1726 M Street, N. W.  
 1057 Graeff, Earl William, 3400 Twenty-fourth Street, N. E.  
 1224 Grass, Edward Jacob, 3700 Massachusetts Avenue, N. W.  
 644 Gray, Augustus Clagett, 1242 Newton Street, N. E.  
 916 Greaney, William Francis, 616 Rock Creek Church Road, N. W.  
 898 Greear, James Noah, Jr., 1740 M Street, N. W.  
 318 Greene, Louis Storow, 1710 Rhode Island Avenue, N. W.  
 304 Greene, Samuel H., Jr., 1460 Rhode Island Avenue, N. W.  
 1311 Greenlaw, Joseph J., 1632 Rhode Island Avenue, N. W.  
 773 Griffith, James Beaty, 1746 K Street, N. W.  
 250 Groover, Thomas Allen, 1835 Eye Street, N. W.  
 1310 Grosvenor, Mabel Earlakenden, 2010 R Street, N. W.  
 276 Gunion, John Paul, 6821 Laurel Street, N. W.  
 447 Gunning, Edward J., 1616 Sixteenth Street, N. W.  
 1223 Gurwin, Bernard Jay, 801 Fifth Street, N. E. Tr. to Ass. 11/3/37.  
 1257 Gwynn, Henry Beall, 1514 Thirtieth Street, N. W.  
 265 Gwynn, William Clarence, 1514 Thirtieth Street, N. W.  
 1088 Hadley, Ernest Elvin, 1835 Eye Street, N. W.  
 1232 Hadley, Henry Gilbert, 1252 Sixth Street, S. W.  
 199 \*Hagner, Francis Randall, 1835 Eye Street, N. W.  
 98 \*Hall, Arthur Joseph, 3022 Porter Street, N. W.  
 603 Hall, Custis Lee, 1801 Eye Street, N. W.  
 972 Halley, Charles Robert Lee, 1801 Eye Street, N. W.  
 144 \*Hammett, Charles Maddox, 1713 Rhode Island Avenue, N. W.  
 1305 Hanby, John Estes, 901 Sixteenth Street, N. W. E. 11/3; S. 11/10.  
 1175 Hand, Frank Marian, 901 Sixteenth Street, N. W.  
 1378 Hautman, Irvin, The Farragut Medical Bldg. E. 1/6; S. 3/30.  
 621 Hardesty, William Slaughter, 1629 Columbia Road, N. W.  
 1183 Hardin, Bernard Lauriston, Jr., 1329 Connecticut Avenue, N. W.  
 165 \*Harding, Harry Theodore, 1401 Fairmont Street, N. W.  
 1292 Harmon, Robert Howe, The Mayflower Hotel.  
 941 Harnsberger, Charles Whitfield, 4201 New Hampshire Avenue, N. W.  
 965 Harris, Joseph, The Farragut Medical Building.  
 894 Hawfield, James, 1025 Connecticut Avenue, N. W.  
 1235 Hawken, Strafford Wendell, 1150 Connecticut Avenue, N. W.  
 1142 Hays, Ralph John, St. Elizabeths Hospital.  
 1016 Haynes, William Preston, The Farragut Medical Building.  
 513 Hazen, Henry Honeyman, 1911 R Street, N. W.  
 41 \*Hazen, William P. C., 511 East Capitol Street.

Senior-  
ity No.

- 1238 Heath, Alma Fife, 1833 Monroe Street, N. E.  
 1058 Heiges, Melville Lynwood, 6940 Piney Branch Road, N. W.  
 172 \*Heinecke, George Burton, 5634 Georgia Avenue, N. W.  
 344 Heitmuller, George Henry, 1333 N Street, N. W.  
 230 Heller, Joseph Milton, 1746 K Street, N. W.  
 990 Hendry, Ernest Singleton, 1810 N Street, N. W.  
 480 Henning, Carl, 1752 Massachusetts Avenue, N. W.  
 1199 Herbst, William Parker, Jr., 1726 Eye Street, N. W.  
 755 Herschman, Myer Jerome, The Farragut Medical Building.  
 1064 Hertzberg, Herman, 1726 Eye Street, N. W.  
 1139 Hess, Valentine Martin, The Farragut Medical Building.  
 55 \*Hickling, Daniel Percy, 1304 Rhode Island Avenue, N. W.  
 798 Higgins, Roy Francis, 1703 Rhode Island Avenue, N. W.  
 1284 Hildenbrand, Emil J. C., 1746 K Street, N. W.  
 842 Hilton, James Franklin, 6319 Utah Avenue, N. W.  
 1093 Hixson, Clayton Howard, 1801 Eye Street, N. W.  
 949 Hoffman, Herman S., 1718 Rhode Island Avenue, N. W.  
 49 \*Holden, Raymond Thomas, 3111 Sixteenth Street, N. W. Died 10/16/37.  
 1092 Holden, Raymond Thomas, Jr., 3111 Sixteenth Street, N. W.  
 1340 Hollingsworth, Russell Kuhner, 1418 Good Hope Rd., S. E. E. 1/6; S. 1/13.  
 336 Holmes, Mary, 1726 Eye Street, N. W.  
 528 Hooe, Robert Arthur, 1746 K Street, N. W.  
 1122 Hopkins, Gerald Arthur, 1835 Eye Street, N. W.  
 805 Horgan, Edmund, 1726 Eye Street, N. W.  
 978 Horgan, Joseph, 1801 Eye Street, N. W.  
 639 Hornaday, Frank Adelbert, The Mayflower Hotel.  
 942 Hornthal, Henry Amis, 2100 Massachusetts Avenue, N. W.  
 1206 Horvath, Frank Stephen, 1801 Eye Street, N. W.  
 1023 Horwitz, Alec, The Farragut Medical Building.  
 811 Hottel, Robert Roy, 1222 Monroe Street, N. E.  
 379 Hough, William Hite, The Farragut Medical Building.  
 1369 House, Hugh Osgood, 1835 Eye Street, N. W. (Form. Assoc.) E. 3/3; S. 3/9.  
 464 Howard, Stanton Wren, 2725 Thirteenth Street, N. W.  
 825 Howe, Julian Menzo, 1309 Rhode Island Avenue, N. W.  
 1362 Howes, Edward L., 4622 Langdrum Lane, Ch. Ch., Md. E. 1/6; S. 2/10.  
 1059 Howze, Charles Perry, 1726 Eye Street, N. W.  
 961 Huffman, George Richard, 17 Dupont Circle, N. W.  
 709 Hunter, Oscar Benwood, 1835 Eye Street, N. W.  
 258 Hurr, Harry, 1765 R Street, N. W.  
 1306 \*Hussey, Hugh Hudson, Jr., 3035 Third Street, N. W.  
 415 Hyde, Charles Wilbur, 1801 Eye Street, N. W.  
 883 Hyde, LeRoy Walter, 1801 Eye Street, N. W.  
 374 Hynson, Laurence Maxwell, 1464 Rhode Island Avenue, N. W.  
 814 Iden, Benjamin Franklin, Jr., The Farragut Medical Building.  
 815 Iden, John Hooe, The Farragut Medical Building.  
 283 Jack, William Alexander, 2250 Cathedral Avenue, N. W.  
 1331 Jackson, James Thomas, 203 W. King St., Leesburg, Va. Resigned 4/7/37.  
 193 \*Jackson, Virgil B., Kedrick Apartment.  
 871 Jacobs, Julian Bay, 1801 Eye Street, N. W.  
 1265 Jacobs, Robert Samuel, The Falkstone Courts.  
 627 Jaeger, Henry William, 700 East Capitol Street. Died 10/21/37.  
 1314 Jansen, Russel Jon, 3320 Seventeenth Street, N. W.  
 890 Jarman, Bernard Lipscomb, 1726 Eye Street, N. W.

Senior-  
ity No.

- 603 Jeffries, Joseph Arthur, Jr., 1831 G Street, N. W.  
 812 Jenkins, William Herndon, 1738 M Street, N. W.  
 1383 Johnson, Catherine Welch, 2904 Nichols Ave., S. E. E. 5/19; S. 5/28.  
 1110 Johnson, Don, 1835 Eye Street, N. W.  
 1283 Johnson, Fordyce A. Hall, 1801 Eye Street, N. W.  
 307 Johnson, Loren Bascom Taber, 1900 Twenty-fourth Street, N. W.  
 1014 Johnson, William Bridges, 3800 Yuma Street, N. W. Resigned 12/15/37.  
 347 Jones, Louise Tayler, McLean, Va.  
 173 \*Jung, Sofie Amalie Nordhoff, 1868 Columbia Road, N. W.  
 1370 Kain, Helen Gladys, 1801 Eye Street, N. W. E. 1/6; S. 3/9.  
 609 Kane, Howard Francis, 1835 Eye Street, N. W.  
 663 Karpeles, Kate Breckenridge B., 3549 Sixteenth Street, N. W.  
 321 Karpeles, Simon Rufus, 3549 Sixteenth Street, N. W.  
 1341 Katzman, Howard, 2701 Connecticut Ave., N. W. E. 1/6; S. 1/13.  
 1229 Katzman, Sollie, The Farragut Medical Building.  
 334 Kaufman, Harry Marx, Burlington Hotel.  
 498 Kearney, Henry Walper, 1436 Longfellow Street, N. W.  
 803\* Kearney, Richard Augustine, 2311 Connecticut Avenue, N. W.  
 1006 Keilty, Robert Andrew, 1150 Connecticut Avenue, N. W.  
 114 \*Kelley, John Thomas, Jr., 1312 Fifteenth Street, N. W.  
 412 Kemble, Adam, Cecil Apartment.  
 1044 Kennedy, Joseph Vincent, 1835 Eye Street, N. W.  
 1102 Kennedy, Michael Francis, 1835 Eye Street, N. W.  
 1385 Kent, Ann Patrick, 2112 Wyoming Ave., N. W. E. 5/19; S. 6/2.  
 411 Kerr, Henry Hyland, 1744 N Street, N. W.  
 275 Key, Sothoron, Stoneleigh Court.  
 252 Keyser, Carl S., 1306 Twentieth Street, N. W.  
 1204 King, Allan Edward, 1801 Eye Street, N. W.  
 858 King, Clapham Price, 2222 Que Street, N. W.  
 1349 Kirchner, Raymond Charles, 3300 Sixteenth Street, N. W. E. 1/6; S. 1/14.  
 928 Kittredge, Elizabeth Amanda, 3906 McKinley Street, N. W.  
 872 Kittredge, Herman Eugene, 1835 Eye Street, N. W.  
 984 Knowlton, Don Swett, 1835 Eye Street, N. W.  
 99 \*Koonas, Charles Kneller, 20 Logan Circle, N. W.  
 1294 Kosow, Maurice J., 3206 Wisconsin Avenue, N. W.  
 856 Kotz, Jacob, 1835 Eye Street, N. W.  
 1354 Kramer, Stephen E., Jr., 713 Nineteenth St., N. W. E. 11/4/36; S. 1/21/37.  
 744 Krechting, Wilhelm Edmund H., 1010 East Capitol Street.  
 1397 Kreglow, Alan Frank, 1801 Eye Street, N. W. E. 11/3; S. 11/11.  
 906 Kreiselman, Joseph, 4545 Linnean Avenue, N. W.  
 692 Kress, Lauretta Eby, 705 Carroll Ave., Tk. Pk., Md. Tr. to Ass. 1/6/37.  
 1239 Krick, Jerome John, The Chastleton Hotel.  
 1089 Kushner, David Howard, 1301 Fifteenth Street, N. W.  
 1381 Lasky, Benjamin Paul, 5421 Seventh St., N. W. E. 5/19; S. 5/27.  
 967 Lally, Charles Anthony, 3800 Cathedral Avenue, N. W.  
 806 Lally, William James, Tudor Hall.  
 251 Lamb, Robert Scott, Stoneleigh Court.  
 1387 Lambert, William Cornelius, 1526 Trinidad Ave., N. E. E. 5/19; S. 6/7.  
 640 Larkin, P. Edward, 1835 Eye Street, N. W.  
 932 Lattman, Isidore, 1835 Eye Street, N. W.  
 468 Lawson, Huron Willis, 1717 N Street, N. W.  
 902 Leadbetter, Guy Whitman, 901 Sixteenth Street, N. W.  
 646 LeComte, Ralph Michael, 1801 Eye Street, N. W.  
 1308 Lee, Allen Edward L., 1621 Connecticut Avenue, N. W.  
 286 Lee, Thomas Sim, 2109 O Street, N. W.



Senior-  
ity No.

- 141 \*Leech, Frank, 1320 Somerset Place, N. W.  
 857 Leffler, Harrison Hammond, The Farragut Medical Building.  
 938 Leibell, Casimir, 2801 Chesapeake Street, N. W.  
 301 LeMerle, Eugene Lyman, 2011 Que Street, N. W.  
 1123 Leonard, Bernard Walter, 1726 Eye Street, N. W.  
 1320 Levin, Isadore, 3615 Warder Street, N. W.  
 1252 Levitt, Louis Philip, 200 Massachusetts Avenue, N. W.  
 1271 Lewald, James, District Training School, Laurel, Md.  
 1384 Lewis, Arthur Harry, 1714 Rhode Island Avenue, N. W. E. 5/19; S. 5/28.  
 729 Lewis, Edward, 2820 Connecticut Avenue, N. W.  
 588 Lewis, Harry Samuel, 1714 Rhode Island Avenue, N. W.  
 1148 Lewis, Jose Guillermo, 2400 Sixteenth Street, N. W.  
 1392 Lichtman, Paul Abraham, 1835 Eye Street, N. W. E. 5/19; S. 8/18.  
 581 Lindsay, Janvier Whitton, 5524 Broad Branch Road, N. W.  
 512 Linville, Thomas, 2517 Fourteenth Street, N. W. Died 2/1.  
 636 Little, Arthur Bickle, 6911 Fifth Street, Takoma Park, D. C.  
 1018 Lloyd, John Robert, The Farragut Medical Building.  
 1393 Loftus, James Morgan, 1359 Monroe Street, N. W. E. 5/19; S. 8/19.  
 1051 Logan, John Adams, 6001 Nevada Avenue, N. W.  
 1259 Luber, Samuel, 1801 Eye Street, N. W.  
 242 Luckett, Llewellyn Fleet, 1419 Rhode Island Avenue, N. W.  
 1186 Lyddane, Eugene Stuart, 3068 Que Street, N. W.  
 1277 Lynch, John Joseph, 3120 N Street, N. W.  
 934 Lyon, James Alexander, 1801 Eye Street, N. W.  
 945 Lyons, John Hugh, 1344 Nineteenth Street, N. W.  
 303 Macatee, Henry Cook, The Farragut Medical Building.  
 1364 MacClatchie, Leslie Keith, 1911 R St., N. W. (Form. Assoc.) E. 1/6; S. 2/27.  
 713 MacDonald, Andrew Magruder, 522 Eleventh Street, N. E.  
 325 Machen, Francis Stanislaus, 3206 Seventeenth Street, N. W.  
 1000 Machlis, Samuel Arthur, 1835 Eye Street, N. W.  
 836 Macon, Edward Bailey, 701 East Capitol Street.  
 1155 Madigan, Joseph Patrick, 5115 Thirty-eighth Street, N. W.  
 1241 Maher, Robert Emmet, 3323 O Street, N. W.  
 557 Mallory, William Johnston, 1720 Connecticut Avenue, N. W.  
 1355 Manchester, Benjamin, 1701 Varium Street, N. W. E. 1/6; S. 1/21.  
 1049 Mandelos, Nicholas A., 1029 Vermont Avenue, N. W.  
 1067 Manganaro, Raphael Neri, 1412 Massachusetts Avenue, N. W.  
 1212 Mankin, Gilbert Haven, 1726 Eye Street, N. W.  
 674 Mankin, J. Ward, 2030 Sixteenth Street, N. W.  
 700 Mann, Jesse Thomas, 906 Massachusetts Avenue, N. E.  
 174 \*Marbury, Charles Clagett, 1015 Sixteenth Street, N. W.  
 1244 Marbury, John Bayne, 1726 Eye Street, N. W.  
 672 Marbury, William Berry, 1015 Sixteenth Street, N. W.  
 1213 Markwood, Emmett H., 3220 Seventeenth Street, N. W.  
 770 Marland, Albert Edward, 1216 Sixteenth Street, N. W.  
 601 Martel, Leon Alphonse, 1801 Eye Street, N. W.  
 1217 Martin, Wilbur Wynn, 421 B Street, N. E.  
 395 Martyn, Herbert E., Cumberland Apartment.  
 298 Mason, Elijah Lumbia, The Portner. Died 8/30/37.  
 784 Mason, Lyle Millan, 1835 Eye Street, N. W.  
 413 Mason, William Beverly, 1738 M Street, N. W.  
 1106 Mattare, John Joseph, 5029 Cathedral Avenue, N. W.  
 1198 Mattingly, Richard Vinton, 4707 Connecticut Avenue, N. W.  
 939 Mattingly, Thomas Ernest, 2200 Rhode Island Avenue, N. E.  
 1342 Maury, Franklin Hervey, 1610 Eye Street, N. W. E. 1/6; S. 1/13.

Senior-  
ity No.

- 1200 Mayer, Claudius Frank, 5513 Thirty-ninth Street, N. W.  
 613 McCarthy, Joseph Justin, 2700 Que Street, N. W.  
 918 McCarthy, Lee, 1835 Eye Street, N. W.  
 921 McChesney, Frank Marks, 3421 Wisconsin Avenue, N. W.  
 138 \*McCorraick, John Henry, Mobile, Ala.  
 1169 McEnerney, Charles Harold, 2795 Twenty-eighth Street, N. W.  
 860 McGovern, Francis Xavier, 1835 Eye Street, N. W.  
 1366 McGrath, Robert Sterling, 1832 Eye Street, N. W. E. 3/3; S. 3/6.  
 1280 McHale, Joseph John, The Farragut Medical Building.  
 1267 McInerney, Michael Joseph, 5420 Connecticut Avenue, N. W.  
 345 McKay, James George, 2009 Columbia Road, N. W.  
 139 \*McKimmie, Oscar Addison Mack, 1301 Massachusetts Avenue, N. W.  
 1165 McKinley, Earl Baldwin, 1335 H Street, N. W.  
 1156 McLain, George Henry, 2108 Bancroft Place, N. W.  
 1166 McLain, John Edward Gorsuch, 6512 Eastern Avenue, N. E. Dr. NPD  
 12/31/37.  
 1297 McLarney, Edward Patrick, 1604 Twentieth Street, N. W.  
 1116 McLean, Marvin McDugald, 1801 Eye Street, N. W.  
 779 McLendon, Preston Alexander, 2002 R Street, N. W.  
 919 McLeod, John Henry, 1801 Eye Street, N. W.  
 1036 McNitt, Harry Arnold Hull, 1835 Eye Street, N. W.  
 1037 McNitt, Henry John Russell, 1835 Eye Street, N. W.  
 966 McNulty, Richard Joseph, 1016 East Capitol Street.  
 993 McPeak, Edgar Meredith, 1835 Eye Street, N. W.  
 453 McPherson, Dorsey Mahon, 5816 Chevy Chase Parkway, N. W.  
 943 McQuillan, Francis, 314 B Street, S. E.  
 1376 Meade, Spencer Vincent, 2205 Minnesota Avenue, S. E. E. 3/3; S. 3/27.  
 1015 Meiman, William George, 3420 Sixteenth Street, N. W.  
 1193 Meloy, William Carey, 2019 R Street, N. W.  
 300 Merrill, Walter Hubbard, 1835 Eye Street, N. W.  
 765 Merritt, Edwin Atkins, 1835 Eye Street, N. W.  
 511 Mess, William Adam, 459 G Street, N. W.  
 1270 Mezitis, Fofa, 1801 Eye Street, N. W.  
 1207 Miller, Beveridge, 3600 Edmunds Street, N. W.  
 313 Miller, Gideon Brown, 1730 K Street, N. W. Died 11/1/37.  
 1350 Miller, William Sterling, 1131 West Virginia Ave., N. E. E. 1/6; S. 1/14.  
 1343 Millwater, Charles Aloysius, 1864 Wyoming Ave., N. W. E. 1/6; S. 1/13.  
 839 Minor, John, 1629 Twenty-first Street, N. W.  
 661 Mistretta, Ferdinand Henry, 1726 Eye Street, N. W.  
 346 Mitchell, James Farnandis, 1344 Nineteenth Street, N. W.  
 367 Mitchell, Joseph Ernest, 1428 K Street, N. W.  
 827 Moffett, Daniel Bruce, 1738 M Street, N. W.  
 1301 Monat, Henry Anatol, 1726 Eye Street, N. W.  
 963 Moody, Terrell, 500 G Street, N. E.  
 1126 Moore, Alexander Berkeley, 1835 Eye Street, N. W.  
 1117 Moore, Claude, 1801 Eye Street, N. W.  
 1289 Moore, Joseph Mahon, 1463 Rhode Island Avenue, N. W. Tr. to Ass.  
 4/7.  
 472 Moore, William Cabell, 1824 Massachusetts Avenue, N. W.  
 892 Moran, Robert Enmet, 1532 Sixteenth Street, N. W.  
 908 Morgan, William Arthur, 1835 Eye Street, N. W.  
 240 Morgan, William Gerry, 1801 Eye Street, N. W.  
 254 Morhart, Frederick H., 1704 Sixteenth Street, N. W.  
 90 \*Morris, George Gideon, 305 Grand Street, Morgantown, W. Virginia.  
 1249 Morris, William Ross, 1801 Eye Street, N. W.  
 659 Morrison, Edward Lloyd, 1835 Eye Street, N. W.

Senior-  
ity No.

- 823 Morse, Edward Clarke, 2022 Que Street, N. W.  
 167 \*Morse, Edward Emery, 1814 Jefferson Place, N. W.,  
 1162 Morse, Willis Brown, 666 Maryland Avenue, N. E.  
 698 Moser, James Madison, 3751 Jenifer Street, N. W.  
 994 Moss, Fred August, 1835 Eye Street, N. W.  
 1374 Moss, Leland Conner, 1710 Rhode Island Avenue, N. W. E. 1/6; S. 3/20.  
 279 Moulden, William Raymond, 1726 M Street, N. W.  
 1258 Mourot, Arthur James, 1801 Eye Street, N. W.  
 119 \*Muncaster, Steuart Brown, The Farragut Medical Building.  
 388 Mundell, Joseph Joshua, 1616 Rhode Island Avenue, N. W.  
 789 Murphy, Christopher Joseph, 1300 East Capitol Street.  
 1181 Murphy, John Patrick Henry, St. Elizabeths Hospital.  
 433 Murphy, Joseph Alexander, 75 Observatory Circle, N. W.  
 1231 Murray, Raymond Wilkins, 1726 Eye Street, N. W.  
 1253 Myers, Walter Kendall, 2030 R Street, N. W.  
 1050 Nathanson, Esther Alsylvia, 1835 Eye Street, N. W.  
 1371 Nealon, Stephen William, Jr., 1611 Twenty-first St., N. W. E. 3/3;  
 S. 3/9.  
 546 Neill, Thomas Edwin, 1824 Massachusetts Avenue, N. W.  
 783 Nelson, John Alfred, Rutland Courts.  
 645 Neuman, Lester, 3900 Fulton Street, N. W.  
 1119 Neviaser, Julius Salem, The Farragut Medical Building.  
 143 \*Nevitt, James Ramsay, 1725 Lanier Place, N. W.  
 224 Newell, William Sawyer, 1029 Vermont Avenue, N. W.  
 637 Newhouse, Benjamin, 4213 Sixteenth Street, N. W.  
 232 Nichols, John Benjamin, 1607 Sixteenth Street, N. W.  
 1009 Nicholson, Margaret Mary, 1801 Eye Street, N. W.  
 1965 Nicklas, Edward Wilson, 2200 Nineteenth Street, N. W.  
 974 Nimetz, Aaron, 702 Barragut Street, N. W.  
 443 Norcross, Alfred Cookman, 819 Taylor Street, N. W.  
 888 Nordlinger, George, 1835 Eye Street, N. W.  
 721 Norris, Leo Brison, 3225 Eighteenth Street, N. W.  
 195 \*Norris, Phebe Russell, The Iowa.  
 1019 Notes, Bernard, 1801 Eye Street, N. W.  
 1373 Noyek, Joel Norton, 1726 Eye Street, N. W. E. 1/6; S. 3/18.  
 1041 Nutting, George Kegley, 1606 Twentieth Street, N. W.  
 1274 O'Brien, Edward Matthew, The Farragut Medical Building.  
 804 Oden, Robert, 1302 Eighteenth Street, N. W.  
 868 O'Donnell, James Francis, 4422 Watkins Avenue, Bethesda, Md.  
 1161 O'Donnell, Paul Joseph, 1835 Eye Street, N. W.  
 1296 O'Donnell, Roger, Jr., 3701 Massachusetts Avenue, N. W.  
 573 O'Donnell, William Francis, 2701 Twenty-eighth Street, N. W.  
 1084 O'Keefe, James Archibald, 4501 Thirteenth Street, N. W.  
 1077 Omohundro, Miles Parker, Farmers Fork, Va.  
 555 Ong, Harry Alfred, 1801 Eye Street, N. W.  
 1150 Oppenheimer, Ella, 526 Maple Ridge Road, Bethesda, Md.  
 1141 \*Orr, William Jennings Bryan, 1801 Eye Street, N. W.  
 1133 Ottenberg, Gilbert, 1835 Eye Street, N. W.  
 1167 Ottman, Millard Frederick, 401 Kennedy Street, N. W.  
 658 Pagan, Albert Elwood, 1835 Eye Street, N. W.  
 854 Page, Robert Massie, 1150 Connecticut Avenue, N. W.  
 1157 Parker, Howard Pope, 1726 Eye Street, N. W.  
 1298 Parker, Katherine Elizabeth, 2900 Connecticut Avenue, N. W.  
 1263 Parrett, Owen Samuel, 721 Maple Avenue, Tk. Pk., Md. Dropped  
 12/31/37.  
 62 \*Parsons, Mary Almera, 1400 I. Street, N. W.

Senior-  
ity No.

- 818 Peabody, Joseph Winthrop, 1835 Eye Street, N. W.  
 1128 Pedrick, Franklin Burche, 1736 Columbia Road, N. W.  
 1131 Pelland, Philip Oscar, 1726 Eye Street, N. W.  
 1160 Pelzman, Ivy Albert, 1835 Eye Street, N. W.  
 847 Pendexter, Ralph Stevens, The Farragut Medical Building.  
 418 Perkins, William Robert, 1436 Rhode Island Avenue, N. W.  
 820 Perry, Matthew White, 800 Sixteenth Street, N. W.  
 209 \*Pickford, Edward F., 1838 Sixteenth Street, N. W.  
 1053 Pickford, Edward Morse, 1726 Eye Street, N. W.  
 602 Piggott, John Burr, Burlington Hotel.  
 1316 Pincock, Glen, 1029 Vermont Avenue, N. W.  
 959 Plaster, Henry Garnett, 1822 Calvert Street, N. W.  
 260 Polkthorn, Henry Alexander, 1801 Eye Street, N. W.  
 534 Poole, Thomas Austin, 1029 Vermont Avenue, N. W.  
 1029 Porton, Stanley Paul, 300 Hamilton Street, N. W.  
 589 Potter, James Albert, 300 Second Street, S. E.  
 1096 Preece, Alec Ambrose, 1801 Eye Street, N. W.  
 262 Prentiss, Daniel Webster, 5425 Connecticut Avenue, N. W.  
 1147 Preston, John Francis, The Farragut Medical Building.  
 741 Price, Walter W., 510 Seventh Street, S. W.  
 424 Prosperi, Milton Hickox, 216 Eighth Street, S. E.  
 1081 Protas, Maurice, 1835 Eye Street, N. W.  
 1111 Purse, Grace Guile, 1801 Eye Street, N. W.  
 768 Putzki, Paul Stirling, 2015 Que Street, N. W.  
 1194 Quayle, Edgar Elias, 1822 Biltmore Street, N. W.  
 1375 Raedy, John Raymond, 21 N Street, N. W. E. 3/3; S. 3/25.  
 1219 Ramsey, Herbert Percy, The Farragut Medical Building.  
 1138 Ransdell, Robert Catheart, 1616 Rhode Island Avenue, N. W.  
 1243 Rathbone, Ralph Rhett, 1835 Eye Street, N. W.  
 643 Read, Boyd Richard, 3220 Connecticut Avenue, N. W.  
 901 Ready, Francis Joseph, 3325 N. Street, N. W.  
 855 Reed, John Alton, 1720 Connecticut Avenue, N. W.  
 356 Reede, Edward Hiram, 1029 Vermont Avenue, N. W.  
 1293 Reeves, Clyde Pinckney, 1028 Connecticut Avenue, N. W.  
 290 Reeves, William Pinkney, Stoneleigh Court.  
 277 Reichelderfer, Luther Halsey, 1661 Crescent Place, N. W.  
 1160 Reisinger, John Charles, 1726 Eye Street, N. W.  
 523 Rench, Victor Bell, 1534 Sixteenth Street, N. W.  
 635 Repetti, Fred, 811 L Street, N. W.  
 869 Reuter, Frederick August, 1835 Eye Street, N. W.  
 685 Rice, Eugene Clarence, Jr., 1726 Eye Street, N. W.  
 350 Richards, Alfred, Seward Apartments.  
 305 Richardson, Edward Elliott, 1001 Alabama Avenue, S. E.  
 1367 Richtmeyer, Duane Case, 2015 Que Street, N. W. E. 3/3; S. 3/8.  
 1379 Richwine, Alfred Henry, 1365 Kennedy Street, N. W. E. 3/3; S. 4/14.  
 1390 Richwine, Barton Winters, 900 Seventeenth Street, N. W. E. 5/19; S. 7/28.  
 800 Riddick, Arch Lockhart, 1835 Eye Street, N. W.  
 457 Rives, William Cabell, 1702 Rhode Island Avenue, N. W.  
 821 Roberts, Edwin Ernest, 300 Longfellow Street, N. W.  
 882 Robey, William Isaac, Herndon, Va.  
 944 Rogers, Jeremiah Francis, The Farragut Medical Building.  
 877 Rolls, James Alfred, 4904 Georgia Avenue, N. W.  
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 1255 Rones, Benjamin, 1610 Eye Street, N. W.  
 1285 Root, Manly Brnson, National Training School for Boys.

Senior-  
ity No.

- 1190 Rosser, Marion Thomas, 1726 Eye Street, N. W.  
 339 Rossiter, Thomas Jerome, 820 D. Street, S. E.  
 384 Ruedy, Robert Conrad, 621 Maryland Avenue, N. E.  
 406 Ruffin, George Mendenhall, 1645 Connecticut Avenue, N. W. Died  
 5/29/37.  
 162 \*Ruffin, Sterling, 1150 Connecticut Avenue, N. W.  
 1299 Ruhland, George Clemens, 2708 Thirty-sixth Street, N. W.  
 676 Rule, Amy Jean, 1860 Columbia Road, N. W.  
 924 Rumselle, Leslie Tanguary, 644 F Street, S. W.  
 1177 Rutkoski, Ignatius, The Farragut Medical Building.  
 1240 Ryon, William Albert, 29 Bryant Street, N. W.  
 420 Saffold, Guy Stark, 1726 Eye Street, N. W.  
 1070 Sager, William Warren, 1835 Eye Street, N. W.  
 111 \*Saint Clair, Francis Alphonzo, 1458 Clifton Street, N. W.  
 861 Sanderson, Fred Roman, 1801 Eye Street, N. W.  
 1127 Sandler, Isadore Lewis, 1835 Eye Street, N. W.  
 1086 Sappington, Ernest F., 1103 Sixteenth Street, N. W.  
 1040 Sawyer, Leroy Lee, Jr., The Farragut Medical Building.  
 794 Scala, Norman Philip, Dupont Circle Apartments.  
 1322 Scandiffio, Mario, 1954 Columbia Road, N. W.  
 1236 Schneider, Antoine, 1028 Connecticut Avenue, N. W.  
 899 Schneider, Elwin Carl, 7508 Alaska Avenue, N. W.  
 747 Schoenfeld, Herbert Hermann, 1150 Connecticut Avenue, N. W.  
 824 Schreiber, Frederick Christian, 1710 Rhode Island Avenue, N. W.  
 518 Schreiber, Henry R., 1716 Rhode Island Avenue, N. W.  
 1334 Schultz, Mark Perry, 1603 Addison Chapel Road, N. E.  
 1038 Schutz, Charles Aurelius, 1801 Eye Street, N. W.  
 1214 Schwartzbach, Saul, 1835 Eye Street, N. W.  
 1225 Schwarzmann, John Ulrich, 1726 Eye Street, N. W.  
 1324 Seckinger, Daniel Lamont, District Building.  
 735 Selinger, Maurice Arthur, 1726 Eye Street, N. W.  
 722 Sexton, Roy Lyman, 1801 Eye Street, N. W.  
 106 \*Shands, Aurelius Rives, 901 Sixteenth Street, N. W.  
 940 Shannon, William Arthur, 113 Carroll Avenue, Takoma Park, D. C.  
 983 Shapiro, Hyman David, 4218 Sixteenth Street, N. W.  
 1369 Sharpe, Francis T., 3323 O Street, N. W. E. 3/3; S. 3/8.  
 830 Shearer, Joseph Pardoe, The Farragut Medical Building.  
 926 Shepherd, Elmer Roberts, 1606 Twentieth Street, N. W.  
 1140 Sheppard, Ernest, 4931 Brandywine Street, N. W.  
 191 \*Shoup, Jesse, 200 Maryland Avenue, N. E.  
 1026 Shugrue, John Joseph, 1150 Connecticut Avenue, N. W.  
 1209 Silverman, Isaac Judah, 341 Seventeenth Place, N. E.  
 1352 Silverman, Morris, West Clifton Terrace Apartment, E. 1/6; S. 1/18.  
 708 Silvester, Richard Lee, 3140 Kingle Road, N. W.  
 1315 Simmons, Maynard James, 1809 Kenyon Street, N. W.  
 519 Simpson, Charles Augustus, 1610 Twentieth Street, N. W.  
 1011 Simpson, George Victor, 1710 Rhode Island Avenue, N. W.  
 1388 Simpson, John Arthur, 721 Monroe Street, N. E. E. 5/19; S. 6/12.  
 796 Simms, William Bailey, 1611 Twenty-first Street, N. W.  
 780 Smiler, Nathan Norman, 1912 Sixteenth Street, N. W.  
 1356 Smith, Ashby Wade, 2900 North Capitol Street, E. 1/6; S. 1/21.  
 1054 Smith, Edwin Kirby, 2002 R Street, N. W.  
 999 Smith, Howard Lee, 1801 Eye Street, N. W.  
 387 Snowden, Edgar, 1712 Twenty-first Street, N. W.  
 1344 Snyder, Luther Henry, 5124 Chevy Chase Parkway, N. W. E. 1/6 -  
 S. 1/13.



Senior-  
ity No.

522. Sohon, Elizabeth, 1336 Vermont Avenue, N. W.  
 319 Sorrell, George Reuben, 616 F Street, S. W.  
 662 Sparks, William Clark, 1726 Eye Street, N. W.  
 1191 Speer, Alma Jane, 3225 Garfield Street, N. W.  
 846 Speidel, Francis George, 1835 Eye Street, N. W.  
 743 Spigel, Harry Alexander, 2647 Connecticut Avenue, N. W.  
 612 Spire, Richard Lee, 2100 North Capitol Street.  
 77 \*Sprigg, William Mercer, 1801 Eye Street, N. W.  
 600 Stanley, Arthur Camp, The Farragut Medical Building.  
 597 Stanton, William Joseph, 3323 O Street, N. W.  
 186 \*Stavely, Albert Livingston, 1744 M Street, N. W.  
 1180 Stebbing, Philip Archibald E., 800 North Carolina Avenue, S. E.  
 1215 Steinman, Erwin, 3500 Fourteenth Street, N. W.  
 584 Stephenson, Eugene Theodore, 208 Maryland Avenue, N. E.  
 1326 Stevenson, Leland Ernest, 1819 G Street, N. W.  
 1302 Stevenson, Ralph Richards, 3131 Sixteenth Street, N. W.  
 873 Stirling, William Calhoun, 1621 Connecticut Avenue, N. W.  
 1066 Stokes, Walter Raymond, 1935 Eye Street, N. W.  
 1247 Stone, Grace Darling Linklater, 1701 Surrey Lane, N. W.  
 1261 Stoughton, Amanda Louise, 1801 Eye Street, N. W. To Ass. 10/6/37  
 757 Stout, Joseph Duerson, 1835 Eye Street, N. W.  
 1351 Strawbridge, Francis Neilson, 2210 Nichols Avenue, S. E. E. 11/4/36;  
 S. 1/15/3.  
 813 Strine, Howard Francis, The Farragut Medical Building.  
 1218 Strine, Howard Hamilton, The Farragut Medical Building.  
 175 \*Stuart, Albert Rhett, 1638 Connecticut Avenue, N. W.  
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 149 \*Stuart, James, 1349 Randolph Street, N. W.  
 1318 Stubbs, Donald, Alexandria, Virginia.  
 992 Suraci, Xavéius Charles, 620 Upshur Street, N. W.  
 1120 Taggart, Samuel Ross, 1726 Eye Street, N. W.  
 450 Talbot, John Allan, 1835 Eye Street, N. W.  
 660 Taylor, Eugene Arthur, 1746 K Street, N. W.  
 363 Taylor, Lewis Harvie, Cecil Apartment.  
 1211 Tegge, Charles William, 1801 Eye Street, N. W.  
 905 Teichmann, Walter Oskar, 1726 Eye Street, N. W.  
 1242 Templeton, Earl Richard, 1726 Eye Street, N. W.  
 585 Tewksbury, William Davis, 1835 Eye Street, N. W.  
 194 \*Thomas, John Daniel, 1800 K Street, N. W.  
 552 Thomas, William Joshua Groot, 1830 K Street, N. W.  
 997 Thomas, William Raymond, 1830 K Street, N. W.  
 1317 Thompson, Alexander Contee, 1835 Eye Street, N. W.  
 403 Thompson, Joseph Lawn, 1735 Twentieth Street, N. W.  
 57 \*Thompson, Millard Fillmore, 5316 Colorado Avenue, N. W. Died  
 12/26/37.  
 833 Thompson, Thomas Carlton, 1029 Vermont Avenue, N. W.  
 587 Tibbets, Albert Perkins, 1801 Eye Street, N. W.  
 1132 Tibbets, Lyman Brooke, 1726 Eye Street, N. W.  
 579 Titus, Elijah White, The Farragut Medical Building.  
 470 Tobin, Richard Francis, 122 Eleventh Street, N. W.  
 1182 Towner, Frank Hough, 1613 Harvard St., N. W.  
 947 Townsend, Maurice Lyndon, Chevy Chase Sanatorium.  
 816 Triple, George Barnett, 1801 Eye Street, N. W.  
 1108 Trinder, John Holmes, 1746 K Street, N. W.  
 1178 Trueman, Archibald William, Long Beach, Calif. Tr. to Ass. 1/6/37.  
 218 Tubman, James Richard, 1750 Park Road, N. W.

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ity No.

- 1091 Twogood, Merton Elwin, 3431 Sixteenth Street, N. W.  
 421 Valentine, Aloysius W., 510 North Carolina Avenue, S. E.  
 1357 van Kinsbergen, Maurice, 1800 Connecticut Ave., N. W. E. 1/6; S 1/21.  
 1282 Vann, Homer King, 410 Cedar Street, N. W.  
 402 Vaughan, George Tully, 1718 Eye Street, N. W.  
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 1201 Waite, Charles Paul, 4927 Brandywine St., N. W. Tr. to Ass. 12/15/37.  
 1245 Walker, Allan Elliott, Jr., 1835 Eye Street, N. W.  
 233 Wall, Joseph Stiles, 1864 Wyoming Avenue, N. W.  
 1286 Wallace, Clifton Robert, 5005 Illinois Ave., N. W. Tr. to Ass. 12/1/37.  
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 838 Warner, John William, 1029 Vermont Avenue, N. W.  
 980 Warner, Otto Nellis, Wardman Park Hotel.  
 263 Warren, George Walter, 1212 H Street, N. E.  
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 200 \*Weaver, Clarence Arlington, 1614 Que Street, N. W.  
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 1246 Wells, Robert Lomax, 1726 Eye Street, N. W.  
 197 \*Wells, Walter Augustine, 1606 Twentieth Street, N. W.  
 478 West, Richard Thomas, 1835 Eye Street, N. W.  
 1386 Wheeler, Albert McElroy, 1317 Rhode Island Avenue, N. W. E. 5/19;  
 S. 6/4.  
 257 White, Charles Stanley, 1801 Eye Street, N. W.  
 641 White, Davenport, 2101 Connecticut Avenue, N. W.  
 863 Whitmore, Eugene Rudolph, 2139 Wyoming Avenue, N. W.  
 245 Whitson, William Essex, 1371 Monroe Street, N. W. Died 12/3/37.  
 323 Wilkinson, Oscar, 1408 L Street, N. W.  
 1151 Wilkinson, Richard Wallace, 1408 L Street, N. W.  
 834 Williamson, Fred Yates, 1835 Eye Street, N. W.  
 785 Williman, Frank Louis, 2731 Connecticut Avenue, N. W.  
 437 Willson, Prentiss, The Farragut Medical Building.  
 1278 Wissler, James Edwin, 1835 Eye Street, N. W.  
 558 Wolfe, James Thruston, 1610 Sixteenth Street, N. W.  
 1046 Wood, Harold Austin, 1029 Vermont Avenue, N. W.  
 1233 Wooldridge, William Norris, 3406 N Street, N. W.  
 340 Wynkoop, James Cartwright, 1801 Eye Street, N. W.  
 1176 Wynkoop, John deButts, 1801 Eye Street, N. W.  
 1061 Yater, Wallace Mason, Georgetown University Hospital.  
 407 Yates, Frederick, 929 M Street, N. W.  
 1237 Yesko, Stephen Aloysius, Woodley Park Towers.  
 1143 Young, Joseph Rogers, 1400 M Street, N. W.  
 431 Young, William Glenn, 1835 Eye Street, N. W.  
 957 Zehner, Harry, 1821 Que Street, N. W.  
 669 Zinkhan, Arthur Morris, 1801 Eye Street, N. W.

## Associate Members

- Albritton, Errett Cyril, 5437 Nebraska Avenue, N. W.  
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 Andrews, John Nevins, 116 Willow Avenue, Takoma Park, Md.  
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 Bird, Jacob Wheeler, Sandy Spring, Md.  
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 Camalier, C. Willard, D.D.S., 1726 Eye Street, N. W.  
 Campbell, Nancy DuVal, St. Elizabeths Hospital. Dr. NPD 12/31/37.  
 Casheil, Irving M., V.M.D., 2807 Eighteenth Street, N. W.  
 Chapman, Katherine Antoinette, Kensington, Md.  
 Cline, Carl Preston, D.D.S., The Farragut Medical Building.  
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 Cook, Richard Lloyd, U. S. Veterans' Bureau Hosp., Rutland Hgts., Mass.  
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 Crofton, George Henry, 940 Twenty-second Street, N. W.  
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 Dawson, Alonzo Ray, Civil Service Commission. E. 5/19; S. 8/18.  
 DeFarges, John Robert, D.D.S., 1726 Eye Street, N. W.  
 Delaney, Martin Donohue, 618 Cameron Street, Alexandria, Va.  
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 Dowling, George Brackett, 414 Duke Street, Alex., Va. E. 3/3; S. 5/28.  
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 Glazebrook, Larkin White, 2022 P Street, N. W.  
 Goettling, Charles Alfred, Aldie, Va.  
 Grayson, Cary Travers, 1835 Eye Street, N. W.  
 Gurwin, Bernard Jay, 801 Fifth Street, N. E. Tr. to Assoc. 11/3/37.  
 Guss, Harry Templar, 1341 Montague Street, N. W.  
 Guynn, Ray Frederick, 1616 Sixteenth Street, N. W.  
 Hammond, Thomas Victor, Burley Manor, Berlin, Md.  
 Harron, Philip H., Phar. D., 1401 Fairmont Street, N. W.  
 Hatfield, Daniel Samuel, Sheppard & Enoch Pratt Hosp., Towson, Md. Died 8/5/37.  
 Hilton, Samuel Louis, Phar. D., 1033 Twenty-second Street, N. W.  
 Hoffman, Jay Louis, St. Elizabeths Hospital. E. 1/6; S. 2/20.  
 Hogan, John R., D.D.S., 1726 Eye Street, N. W.

- Holm, George Arnold, St. Elizabeths Hospital.  
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 Hrdlicka, Ales, U. S. National Museum.  
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 Lavine, Oscar, 3628 Thirty-fourth St., Mt. Rainier, Md.  
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 Lloyd, Bolivar Jones, 3736 Kanawha Street, N. W.  
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 Lowndes, Charles Henry Tilghman, 2100 Massachusetts Avenue, N. W.  
 Lynch, Daniel Francis, D.D.S., 1149 Sixteenth Street, N. W.  
 MacClatchie, Leslie Keith, New York City. E. Active 1/6/37.  
 Macnamee, Arthur Munson, (Mail returned).  
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 Maxwell, David Lander, Phar. D, 1801 Eye Street, N. W.  
 McCauley, David Vincent, Georgetown University E, 3/3; S, 3/8.  
 McCoy, George Walter, National Institute of Health.  
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 Michie, Henry Clay, % The Dept. Surgeon, Manila, Philippine Is.  
 Milstead, Laurence Coleman, 717 N. Twenty-seventh St., Allentown, Pa.  
 Mitchell, Claude William, Silver Spring, Md.  
 Moore, Thomas Verner, 4715 Sargent Road, Brookland, D. C.  
 Moore, Joseph Mahon, Alexandria, Va. Tr. fr. Act. 4/7/37.  
 Murphy, Timothy Francis, 1673 Columbia Rd., N. W.  
 Norris, Frederick Walters, 1704 D Street, N. E. E, 5/19; S, 6/14.  
 Norton, William Harrison, 3631 Thirty-fourth Street, Mt. Rainier, Md.  
 Osgood, William R. (Ph.D.), 2633 Ingomar Place, N. W. E, 1/6; S, 1/13.  
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 Perry, Benjamin C., Bethesda, Md.  
 Pettit, Manson B., St. Elizabeths Hospital. E, 1/6; S, 2/3.  
 Pryor, James Chambers, 194 Columbia Hgts., Brooklyn, N. Y.  
 Quick, Ralph Andre, 1526 N. Edgewood St., Clarendon, Va.  
 Ragan, Charles Alexander, 55 John Street, New York City.  
 Ransom, Clarence Albert, E. Falls Church, Va.  
 Rapaport, Walter, Napa State Hospital, Imola, Calif.  
 Richardson, Harry Linwood, 1734 P Street, N. W.  
 Riggs, Charles Edward, 1802 R Street, N. W.  
 Robbins, Charles Sumner, 4900 Third Street, N. W.  
 Rodia, Isadore, Psychopathic Hospital, Iowa City, Iowa.  
 Rollings, Harry West, Jr., Wardensville, W. Va.  
 Rosenthal, Sanford M., 1801 Eye Street, N. W.





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*President*, Thomas Edwin Neill; *1st Vice President*, Daniel B. Moffett;  
*2nd Vice President*, Jacob Kots; *Secretary-Treasurer*, Courten B. Conklin.

## STANDING COMMITTEES

### EXECUTIVE

*Executive*: A. B. Bennett, William T. Gill, Jr., Augustus C. Gray, *terms expire 1938*; Raymond T. Holden, Jr., F. X. McGovern, Sterling Hufkin, *terms expire 1939*; Daniel L. Borden, Henry R. Schreiber, William Mayer Springs, *terms expire 1940*.

*Ex-officio*: Thomas E. Neill, H. C. Macdon, E. Hiram Reede, R. Arthur Howe, C. N. Chipman, John A. Reed, Earl R. Templeton, John F. Preston, R. Lomas Wells, Earle G. Breeding, John P. H. Murphy, Charles H. Campbell, Wallace M. Yater, Courten B. Conklin.

### CENSORS

E. Hiram Reede, *Chairman*; Fred A. J. Geier, John H. McLeod, Joseph L. Gilbert, Charles R. L. Halley.

### COMPENSATION, CONTRACT AND INDUSTRIAL MEDICINE

R. Arthur Howe, *Chairman*; Fred H. Anderson, Paul S. Putski, *terms expire 1938*; James N. Groun, Jr., Margaret M. Nicholson, *terms expire 1939*.

### HOUSE

C. N. Chipman, *Chairman*; A. Fife Heath, George W. Crowell, Edith Seville Conle, Henry R. Schreiber.

### PROGRAM

John A. Reed, *Chairman*; James A. Cahill, Jr., Radford Brown, Victor R. Alfaro, H. S. Hoffman.

### PUBLIC HEALTH

Earl R. Templeton, *Chairman*

### NUMCOMMITTEES

*Communicable Diseases*: H. H. Donnelly, *Chairman*; William S. Anderson, John H. McLeod, Edgar P. Copeland, Mabel H. Greenough.

*Diphtheria Prevention*: Walter A. Wells, *Chairman*; Jeter C. Bradley, Harry F. Davis, William C. Mobley.

*Maternal Welfare*: J. Bay Jacobs, *Chairman*; Richard L. Silvester, Walter W. Boyd, L. Lee Cockrill, Bernard Notes, Herbert P. Ramsey.

*Mental Health*: Roger S. Cohen, *Chairman*; Joseph L. Gilbert, Antoine Schneider, H. D. Shapiro.

*Sanitation*: Eugene R. Whitmore, *Chairman*; John B. Marbury, William J. Malloy.

*Tuberculosis*: Charles P. Cake, *Chairman*; Margaret M. Nicholson, Frank H. Townner, W. LeRoy Dunn.  
*Veneral Diseases*: Russell J. Fields, *Chairman*; Charles P. Howe, Alan J. Cheney, Norvell Belt.  
*Vision, Conservation of*: William Thornwall Davis, *Chairman*; Frank D. Catenbader, J. Henry Griffith, Ronald A. Cox.

## PUBLIC INFORMATION

John F. Preston, *Chairman*; R. Lyman Sexton, Arnold McNitt, W. Ross Morris, Robert Sterling McGrath.

## REGULAR COMMITTEES

### HOSPITAL

J. Ogil Warfield, Jr., *Chairman*; Leon A. Martel, William H. Jenkins, Gregg Curtis Birdsell, J. G. Lewis, William B. Marbury, Jerome F. Crowley, Edward F. McLarny, Joseph P. Shoner, W. Warren Sager, John H. Trinder.

### MEDICAL DEFENSE

Luther H. Reicholdinger, *Chairman*, *term expires 1938*; Francis R. Hagner, *term expires 1938*; John B. Nichols, *term expires 1939*; Courten B. Conklin, *ex-officio*.

## SPECIAL COMMITTEES

### LEGISLATIVE

Frederick C. Fishback, *Chairman*; A. B. Moore, Sterling Hufkin, John A. Talbot, John H. Lyons, George R. Huffman, Joseph S. Wall, John D. Thomas, William P. Herbat, Jr.

### TUMOR REGISTRY

Oscar B. Hunter, *Chairman*; Maurice A. Selinger, Thomas Canine, *terms expire 1939*; James A. Cahill, Jr., Edmund Hogan, Claude Moore, *terms expire 1938*; Lee McCaghy, Lester Neuman, Henry L. Dabney, *terms expire 1939*.

### WOMAN & AUXILIARY ADVISORY

F. X. McGovern, *Chairman*; Daniel B. Moffett, Harry A. Fowler.

## DELEGATES

*American Medical Association*: Henry C. Macatee, *Alternate*, Arthur C. Christie.  
*Federation of Citizens' Associations*: Charles H. Campbell, Harry Lee Claud.

## OFFICERS OF SECTIONS

*Internal Medicine*: R. Lomas Wells, *Chairman*; Walter K. Myers, *Vice Chairman*; Fred A. J. Geier, *Secretary-Treasurer*.

*Ophthalmology and Otolaryngology*: Earle G. Breeding, *Chairman*; Richard A. Kearny, *Vice Chairman*; Elmer R. Shepherd, *Secretary*; John H. Trinder, *Treasurer*.

*Neurology and Psychiatry*: John P. H. Murphy, *Chairman*; Joseph L. Gilbert, *Vice Chairman*; James W. Wells, *Secretary-Treasurer*.

Roth, George Byron, 1335-H Street, N. W.  
 Sawtelle, Henry Fenno, Arroyo Grande, Calif.  
 Schulze, Gustave Hugo, Jr., Phar. D. 1828 Columbia Road, N. W.  
 Scott, James Foster, McLean, Va.  
 Simon, Alexander, 1701 Oregon Avenue, N. W.  
 Smith, Charles L., D.D.S., 1835 Eye Street, N. W. Dr. 12/31/37.  
 Smith, Chester R., D.D.S., 1801 Eye Street, N. W.  
 Smith, David Oscar, 1313 Gallatin Street, N. W.  
 Smith, Hugh McCormick, 1209 M Street, N. W.  
 Solnitzky, Othmer, 109 E. Thornapple St., Ch. Ch., Md. E. 3/3; S. 4/29.  
 Stewart, Genevieve Margaret, St. Elizabeths Hospital. E. 3/3; S. 3/10.  
 Stiles, Charles Wardell, Room 302, U. S. National Museum.  
 Stoughton, Amanda Louise, 700 Cathedral Ave., Baltimore, Md. Tr. fr. Act. 10/6.  
 Sutton, Richard Nevitte, Clarendon, Va.  
 Syne, William H., Cocoa, Florida (P. O. Box 625).  
 Tastet, David Walker, 1206 Floral Street, N. W.  
 Tennyson, Irving Alexander, Phar. D., 2816 Thirty-eighth Street, N. W.  
 Thompson, Richard Knight, D.D.S., 1835 Eye Street, N. W.  
 Townshend, Grafton Dent, Argyle Building, Kansas City, Mo.  
 Truman, Archibald William, 300 Bellflower Boulevard, Bellflower, Cal. Tr. to Ass. 1/6.  
 Vogel, Thomas Andrew, 327 E. State St., Columbus, Ohio.  
 Waite, Charles P., 4927 Brandywine Street, N. W. Tr. 12/15/37.  
 Wallace, Clifton R., 5005 Illinois Avenue, N. W. Tr. 12/1/37.  
 Wallace, Edward William, 5101 Washington Blvd., Arl., Va. E. 1/6; S. 1/21.  
 Walburn, Williamson Crothers, Ballston, Va.  
 White, William Alanson, St. Elizabeths Hospital. Died 3/7.  
 Young, Clifton Eugene, Gaithersburg, Md.

#### Honorary Members

Blue, Rupert (1916), 1808 Eye Street, N. W.  
 Braisted, William Clarence (1916), West Chester, Penna.  
 Fenning, Frederick A., LL.M. (1926), The Shoreham Building.  
 Howard, Leland Ossian (1931), 1705 Twenty-first Street, N. W.  
 Ireland, Merritte W. (1929), 1870 Wyoming Avenue, N. W.  
 Jackson, Chevalier (1932), Philadelphia, Penna.  
 Woodward, William Creighton (1936), Chicago, Illinois (7100 S. Shore Drive).

(Here follow 2 Gov. Exs. Nos. 34-35, folios 171-179.)



Gov. Ex. 49

Copy

The Medical Society of the District of Columbia  
Washington

May 18, 1938.

Committee: Compensation, Contract and Industrial Medicine.

Dr. William M. Sprigg, Chairman, Executive Committee,  
The Medical Society of the District of Columbia, Washington, D. C.

DEAR DOCTOR SPRIGG:

A letter addressed to Dr. George B. Tribble, under date of May 14, 1938, and sent by registered mail, follows:

"Dear Doctor Tribble:

You are hereby directed to appear before the Compensation, Contract and Industrial Medicine Committee at the Medical Society Building, 1718 M Street, N. W., on Tuesday evening, May 17, 1938, at 8 P. M.

Very truly yours, (Signed) R. Arthur Hooe, M. D.,  
Chairman, C. C. & I. M. Committee."

Accordingly upon convening Dr. Tribble was presented with the following charges, in writing:

"Dr. George B. Tribble:

The Committee hereby charges you with having violated Section 2 of Article 3 of Chapter 9 of the Constitution of the Medical Society of the District of Columbia, reading as follows:

'Every member of the Society before entering into a contract or agreement for rendering professional services shall submit a copy of his contract, if written, or a true declaration of the terms of the agreement, in writing, to the Committee on Compensation, Contract and Industrial Medicine for approval. In the event that the committee disapproves the contract, a member may appeal to the Executive Committee.'

And again Chapter 9, Article 4, Section 5, as follows:

'No member of the Society shall engage in any professional capacity whatsoever with any organization, group or individual, by whatever name called or however organized, engaged in the practice of medicine within the District of Columbia or within 10 miles thereof, which has not been approved by the Society.

'The Executive Committee is authorized and directed to prepare an approved list of organizations, groups and individuals, by whatever name called and however organized, engaged in the practice of medicine within the District of Columbia or within 10 miles thereof, and the same shall be kept in the office of the Secretary-Treasurer. Before any such organization, group or individual can be placed on the approved list of the Society, such organization, group or individual, or the member of the Society proposing professional relations therewith, shall submit to the Compensation, Contract and Industrial Medicine Committee such evidence as the Committee or the Society may require showing the character, activities, financial condition and ethical standards of said organization, group or individual, and after considering the same, said committee shall make a report of its investigation and findings to the Executive Committee for such action as it may deem necessary.'

(Signed) R. Arthur Hoce, M. D., Chairman, Compensation, Contract and Industrial Medicine Committee."

Please find herewith attached complete transcript of the proceedings together with a true copy of a business card filed in the office at Children's Hospital.

In view of the evidence as therein set forth and in particular consideration of the correspondence therein contained as having occurred between Dr. George B. Tribble and Dr. Henry Rolf Brown, Medical Director of Group Health Association, Inc., we desire to submit to your committee our verdict of guilty as charged, (possibly unwittingly), with the recommendation that such disciplinary measure be in turn recommended to the Medical Society as may seem commensurate with the gravity of the offense.

Respectfully submitted, (Signed) R. Arthur Hoce, M. D., Chairman, Compensation, Contract and Industrial Medicine Committee.

Resolution presented at the Business Meeting of the Medical Society of the District of Columbia, in session on February 2, 1938, by Dr. Thomas E. Mattingly; ordered referred to the Executive Committee for consideration and report.

That the proper agency of the Society take immediate measures to ascertain if any member or members of the Society are party to secret understandings and unethical arrangements with Group Health Association, Inc., whereby Group Health patients are admitted to Washington hospitals and treated under the service or supervision of Medical Society members possessing hospital privileges.

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Gov. Ex. 50

May 14, 1938.

Compensation, Contract and Industrial Medicine.

Dr. George B. Tribble, 1801 Eye Street, N. W., Washington, D. C.

DEAR DOCTOR TRIBBLE:

You are hereby directed to appear before the Compensation, Contract and Industrial Medicine Committee at the Medical Society Building, 1718 M Street, N. W., on Tuesday evening, May 17, 1938, at 8 P. M.

Very truly yours, R. Arthur Hooe, M. D., Chairman,  
C. C. & I. M. Committee.

H-e

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Gov. Ex. 51

May 31, 1938.

Dr. George B. Tribble, 1801 Eye Street, N. W., Washington, D. C.

DEAR DOCTOR TRIBBLE:

You are hereby directed to appear before a meeting of the Executive Committee, on Monday evening, June 6, 1938, in the Medical Society Building, at 8 P. M.

Very truly yours, C. B. Conklin, M. D., Secretary.

C-e

Gov. Ex. 53

June 7, 1938.

DEAR DOCTOR TRIBLE:

I have been instructed by the Executive Committee to communicate with you following their meeting. As you perhaps know a meeting of the Committee was held on Monday evening, June 6. The letter which you addressed to the Committee was read.

After some deliberation the Committee voted to accept your explanation and your assurance that you would not engage in any practice contrary to the Constitution and By-laws of the Medical Society of the District of Columbia and that the matter be carried no further.

Cordially yours, Wm. Mercer Sprigg, M. D., Chairman, Executive Committee.

W-e

Dr. George B. Tribble, 1801 Eye Street, N. W., Washington, D. C.

Gov. Ex. 54

November 10, 1937.

Dr. Allan E. Lee, 1621 Connecticut Avenue, N. W., Washington, D. C.

DEAR DOCTOR LEE:

Under date of November 2, 1937, and by registered mail, you were directed to appear before the Compensation, Contract and Industrial Medicine Committee of the Medical Society of the District of Columbia, Medical Society Building, 1718 M Street, N. W., at 8 P. M., November 4, 1937. You failed to appear. The committee now, therefore, charges you of having violated Chapter IX, Article III, Sections 1 and 2 of the Constitution of the Society, reading as follows:

"1. 'It is unprofessional for a physician to dispose of his services under conditions that make it impossible to render adequate service to his patient or which interfere with reasonable competition among the physicians of a community. To do this is detrimental to the public and to the individual physician, and lowers the dignity of the pro-

fession.' (Chap. III, Art. VI, Sec. 2, Principles of Medical Ethics, American Medical Association.) No member of the Society shall enter into a written, verbal, or implied contract or agreement of employment with any person, firm, corporation, association, club, lodge, or other similar organization, including the Federal and/or District Government, the terms of which contract or agreement are in violation of the principles herein expressed. The customary professional relationship of a physician to his patients, upon the basis of individual fees for services rendered, shall not be regarded as a contract within the meaning of this section."

"2. Every member of the Society before entering into a contract or agreement for rendering professional services, shall submit a copy of his contract, if written, or a true declaration of the terms of the agreement, in writing, to the Committee on Compensation, Contract and Industrial Medicine for approval. In the event that the committee disapproves the contract, a member may appeal to the Executive Committee."

And again, Chapter IX, Article IV, Section 5, of the Constitution of the Society, reading as follows:

"No member of the Society shall engage in any professional capacity whatsoever with any organization, group or individual, by whatever name called or however organized, engaged in the practice of medicine within the District of Columbia or within 10 miles thereof, which has not been approved by the Society.

The Executive Committee is authorized and directed to prepare an approved list of organizations, groups and individuals, by whatever name called and however organized, engaged in the practice of medicine within the District of Columbia or within 10 miles thereof, and the same shall be kept in the office of the Secretary-Treasurer. Before any such organization, group or individual can be placed on the approved list of the Society, such organization, group or individual, or the member of the Society proposing professional relations therewith, shall submit to the Compensation, Contract and Industrial Medicine Committee such evidence as the Committee or the Society may require showing the character, activities, financial condition and ethical standards of said organization, group or individual, and



after considering the same, said committee shall make a report of its investigation and findings to the Executive Committee for such action as it may deem necessary."

Should you desire to defend in this matter and will so advise within 10 days, a hearing by the Committee will be arranged.

Very truly yours, R. Arthur Hooe, M. D., Chairman,  
C. C. & I. M. Committee.

H-e

Gov. Ex. 66

Copy

1746 K Street, N. W.

November 10, 1937.

Compensation, Contract & Industrial Medicine.

Dr. Mario Scandiffio, 1954 Columbia Road, N. W., Washington, D. C.

DEAR DOCTOR SCANDIFFIO:

Under date of November 2, 1937, and by registered mail you were directed to appear before the Compensation, Contract and Industrial Medicine Committee of the Medical Society of the District of Columbia, Medical Society Building, 1718 M Street, N. W., at 8 P. M., November 4, 1937. You failed to appear. The committee now, therefore, charges you of having violated Chapter IX, Article III, Sections 1 and 2, of the Constitution of the Society, reading as follows:

"1. 'It is unprofessional for a physician to dispose of his services under conditions that make it impossible to render adequate service to his patient or which interfere with reasonable competition among the physicians of a community. To do this is detrimental to the public and to the individual physician, and lowers the dignity of the profession.' (Chap. III, Art. VI, Sec. 2, Principles of Medical Ethics, American Medical Association.) No member of the Society shall enter into a written, verbal, or implied contract or agreement of employment with any person, firm,

corporation, association, club, lodge, or other similar organization, including the Federal and/or District Government, the terms of which contract or agreement are in violation of the principles herein expressed. The customary professional relationship of a physician to his patients, upon the basis of individual fees for services rendered, shall not be regarded as a contract within the meaning of this section."

"2. Every member of the Society before entering into a contract or agreement for rendering professional services shall submit a copy of his contract, if written, or a true declaration of the terms of the agreement, in writing, to the Committee on Compensation, Contract and Industrial Medicine for approval. In the event that the committee disapproves the contract, a member may appeal to the Executive Committee."

And again, Chapter IX, Article IV, Section 5, of the Constitution of the Society, reading as follows:

"No member of the Society shall engage in any professional capacity whatsoever with any organization, group or individual, by whatever name called or however organized, engaged in the practice of medicine within the District of Columbia or within 10 miles thereof, which has not been approved by the Society.

The Executive Committee is authorized and directed to prepare an approved list of organizations, groups and individuals, by whatever name called and however organized, engaged in the practice of medicine within the District of Columbia or within 10 miles thereof, and the same shall be kept in the office of the Secretary-Treasurer. Before any such organization, group or individual can be placed on the approved list of the Society, such organization, group or individual, or the member of the Society proposing professional relations therewith, shall submit to the Compensation, Contract and Industrial Medicine Committee such evidence as the Committee or the Society may require showing the character, activities, financial condition and ethical standards of said organization, group or individual, and after considering the same, said committee shall make a report of its investigation and findings to the Executive Committee for such action as it may deem necessary."

Should you desire to defend in this matter and will so advise within 10 days, a hearing by the Committee will be arranged.

Very truly yours, R. Arthur Hooe, M. D., Chairman,  
C. C. & I. M. Committee.

H-e

(Sent by Registered Mail, Return Receipt, November 11, 1937.)

Gov. Ex. 71

August 8, 1938.

Dr. C. B. Conklin, Sec'y., District of Columbia Med. Soc.,  
1716 M St. N. W.

DEAR DR. CONKLIN:

Enclosed is a copy of my appeal to the Judicial Council of the A. M. A. from the decision of the Society to expel me from its membership.

Sincerely yours, M. Scandiffio, M. D.

1327 Eye St. N. W.

Gov. Ex. 74

November 8, 1937.

Dr. Holman Taylor, Secretary, State Medical Association  
of Texas, 1404 W. El Paso Street, Fort Worth, Texas.

DEAR DOCTOR TAYLOR:

For your information I would state that Group Health Association has launched out in the pursuit of activities which, we believe, cannot fail to have detrimental effect upon the profession and above all upon the public. Two members of the staff have sent letters of resignation, the acceptance of which I understand the Chairman of the Compensation, Contract and Industrial Medicine Committee, has failed to approve. My last information was that proceedings toward expelling these members had been instituted.

It may be added parenthetically that the present staff, insofar as we have information, is not at all impressive

and it is our belief that the project will have its difficulties which, however, may possibly be solved at a later date through the present administration's open approval.

With cordial regards, I am,

Sincerely yours, C. B. Conklin, M. D., Secretary.

Gov. Ex. 78

January 27, 1938.

President & Board of Directors, Garfield Memorial Hospital, Washington, D. C.

GENTLEMEN:

Miss Sarah Abbott was brought to this institution by the hospital ambulance on the evening of January 26th. She was given first aid in the Emergency Room and assigned to a bed in the hospital under the care of the staff surgeon on that service, with a diagnosis of possible fracture and possibly other injuries.

On January 27th, about noon, Dr. Raymond E. Selders, of Group Health Association, Inc., called and requested permission from the hospital authorities to take over the medical care of Miss Abbott, due to the fact that she was a member of Group Health Association, Inc.

Dr. Selders was advised that we were informed that he was not a member of the District Medical Society and he was not on our courtesy list, and therefore we could not extend him the privileges requested. It is a prerequisite with this hospital for practicing physicians, to become a member of our courtesy list, to belong to the Medical Society of the District of Columbia.

Dr. Selders contacted Dr. Henry Rolf Brown, at his office, in charge of Group Health Association, Inc., whereupon Dr. Brown called the Superintendent of this hospital and demanded a direct answer as to whether Dr. Selders would be permitted to take entire direct medical charge of the patient. He was advised that due to the fact that Dr. Selders was not on our courtesy list, we could not extend him that privilege, but Dr. Selders was advised that he would be privileged to visit and observe the patient and consult with the staff doctor in charge. Dr. Brown then advised that he was sending an ambulance for the patient to be removed from this institution, and a short time later an ambulance from Garfield Memorial Hospital arrived,

and we understand the patient was taken to Garfield Memorial Hospital.

We shall be under obligation to you for a full explanation of the circumstances under which this patient has been permitted to enter Garfield since it is not unlikely that we may be criticized for having declined to care for the patient as described when Garfield apparently is willing to take the patient as described.

Thanking you for as full an explanation of this case as you can possibly give us.

Very truly yours, Gist Blair, President.

gb/r

P. S. Copy to Medical Society, District of Columbia.

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Gov. Ex. 79

Garfield Memorial Hospital

Washington, D. C.

C. A. Aspinwall, President.

1140 15th Street, N. W.  
Washington, D. C.  
January 29th, 1938.

Major Gist Blair, President, Central Dispensary and Emergency Hospital, Washington, D. C.

DEAR MAJOR BLAIR:

Your letter of the 27th in regard to Dr. Selders' patient has been sent to me.

This patient was brought in to the Garfield Hospital by private ambulance on the 27th at 3 P. M., with a fractured leg, and was admitted to Ward H.

In regard to Dr. Selders himself, he had been given the temporary courtesy privileges in accordance with our general practice, pending report on his credentials and standing by the Staff. Upon the recommendation of the Staff these temporary courtesy privileges were withdrawn from Dr. Selders by the Board of Directors at its meeting on Tuesday the 25th instant. However, the notification of this action had not been received by Dr. Selders on the 27th when the patient in question was brought to the Hospital.

I observe that you have sent a copy of your letter under



acknowledgment to the Medical Society of the District of Columbia, and I am, therefore, sending a copy of this reply to them also.

Yours very truly, C. A. Aspinwall, President.

A/W

C. C. to Medical Society of the District of Columbia.

Gov. Ex. 85

February 26, 1937.

C-6

Dr. John B. Sears, 416 Marlborough Street, Boston, Massachusetts.

DEAR DOCTOR SEARS:

Your request for information concerning a health insurance plan was referred to this Bureau for reply.

The organization by an individual physician of a prepayment medical care plan for a group of persons has been tried for years. We do not know of any such plan that has been satisfactory. The attempt of a physician to portion off for himself a section of the medical market through a contract agreement is not conducive to good medical service. Professional excellence is dependent on constant free choice by patrons whose preference for superior work selects the more capable from among those admitted to the profession. The age old method of selecting and encouraging professional excellence is fair competition in a field of equally qualified competitors. Interference with free choice of physician is the most serious fault of methods for organizing payments for medical services.

Most of the prepayment medical care schemes are not sound, both from an economic and a medical viewpoint. Medical and hospital services cost on the average from \$120.00 to \$150.00 per family per year, or about \$30.00 per individual. No plan for medical service can render the same services as are now given for less money. Either the amount of service will be restricted or the quality of service will deteriorate.

The incomes of the persons in the group you mentioned are evidently high enough to permit them to purchase their medical service independently without any special

paying arrangements. Practically all health insurance insurance plans, proposed or in operation, exclude persons with incomes above \$3,000.

If a medical service plan is to be organized, the county medical society is the proper and logical unit to formulate such a plan. We are forwarding our publications, "Medical Service Plans," which is an outline of medical society plans, and "Organization of Medical Services," which is a description of a few of these plans. In the several localities indicated, the county medical societies have organized methods to assist persons in meeting bills for hospital and medical care. Practically all of the county medical society plans are organized on a post-payment arrangement. The collection of funds on a prepayment basis usually raises the question of complying with the insurance laws. Likewise, prepayment plans require an additional charge to the patient of about 40 per cent for administration costs and reserves, whereas, the post-payment plans require no reserves and can be administered at a cost of 10 per cent, which is absorbed by physicians and hospitals and not by the patient.

The medical society plans that are in operation demonstrate that the percentage of the population requiring any special financial arrangements for medical service is much smaller than is ordinarily reported by those urging a general transformation of methods of payment for medical service. As shown in the Organization Section of the Journal of February 20, 1937, it appears that not more than 3 to 5 per cent of the population will require the services of the medical service plan. This fact has made it clear that the problem of organizing payment for medical services should not be the dominant one in the activities of any medical society. Methods of advancing preventive medicine; caring for those with tuberculosis and cancer, and for crippled children; cooperation with the public health officials; and other methods of organizing medical services are often more important in providing for the community than special prepayment arrangements.

Sincerely yours, J. D. Laux, Bureau of Medical Economics.

JDL/BT

Sent—Organization of Medical Services, Medical Service Plans.

Gov. Ex. 88

C-6.2-105 5748

August 19, 1937.

Dr. H. H. Palmer, The White Plains Hospital Association,  
White Plains, New York.

DEAR DOCTOR PALMER:

The Medical Service Plan of Trinity Hospital, Little Rock, Arkansas, is one type of several prepayment plans for medical care that has been attempted. The plan was inaugurated in 1931 and is operated by a staff of six physicians. Under the plan, six weeks of hospitalization, including operating room, anesthetics, and general nursing, as well as medical and surgical services, are offered for a rate of \$2.50 a month for individuals; \$2 a month for persons enrolled in groups; and \$5 a month for families, regardless of size. Hospitalization is restricted to Trinity Hospital, and the medical treatment and surgical care are performed by the staff of Trinity Hospital only.

The Hospital does not appear in the American Medical Association Register, and the staff members are no longer associated with the local medical society. Solicitors are employed on a percentage basis to secure members from groups of employees in business organizations and by house-to-house canvasses.

As a general rule most of these plans do not provide the complete services claimed, nor are they supported solely by the dues collected from members. A number of independent surveys have agreed that medical services cost an average of not less than \$100 per family or \$25 per person. It is inconceivable that any "insurance" or prepayment plan can provide the same services for lower average charges. Either the services offered are not as complete or the quality of the services is impaired. Frequently the members who ask for services are given the complete "run of the mill" which always entails special charges for special services. It is also not uncommon to find that the dues and special charges are insufficient to support the plan, but the deficits are made up by the profits from soda fountain, magazine, or drug sales. Income from nonmembers is also an important financial item.

We are forwarding to you under separate cover some of our publications which discuss plans of this nature.

Sincerely yours, J. D. Laux, Bureau of Medical Economics.

JDL:JB

Publications sent: 4, 7, and 22—8/19/37—JB.

C-6.2-105

Gov. Ex. 89

Air Mail

C-6

November 30, 1937.

Mr. W. H. Tibbals, Executive Secretary  
Utah State Medical Association  
610 McIntyre Building, Salt Lake City, Utah.

DEAR MR. TIBBALS:

Doctor Bauer has referred your letter requesting information on the Clinic at Little Rock, Arkansas, and the Cooperative at Atlantic City to us for a reply.

The Medical Service Plan of Trinity Hospital, Little Rock, Arkansas is one type of several prepayment plans for medical care that have been attempted. The plan was inaugurated in 1931 and is operated by a staff of six physicians. Under the plan, six weeks of hospitalization, including operating room, anesthetics, and general nursing, as well as medical and surgical services, are offered for a rate of \$2.50 a month for individuals; \$2 a month for persons enrolled in groups; and \$5 a month for families, regardless of size. Hospitalization is restricted to Trinity Hospital, and the medical treatment and surgical care are performed by the staff of Trinity Hospital only. As of September 1936, the number of members was reported to be 4,300.

The Hospital does not appear in the American Medical Association Hospital Register, and the staff members are no longer associated with the local medical society. Solicitors are employed on a percentage basis to secure members from groups of employees in business organizations and by house-to-house canvasses.

Concerning the Group Health Association, Inc. at Washington, D. C., the enclosed article prepared by Doctor Woodward will probably give you the information you

want. As you know, this Association was discussed rather extensively at the Secretaries' Conference.

The enclosed outlines of the Bassett Hospital Guild, Cooperstown, New York; the Economy Mutual Health Association, Economy, Indiana; and the Thompson Benefit Association, Brattleboro, Vermont, may also be of interest. There are several other plans of a similar type, but as a general rule they do not provide the complete service claimed nor are they solely supported by the dues collected from members.

A number of independent surveys have agreed that medical services cost an average of not less than \$100 per family or \$25 per person. It is inconceivable that any "insurance" or prepayment plan can provide the same services for lower average charges. Either the services offered are not as complete or the quality of the services is impaired. Frequently the members who ask for services are given the complete "run of the mill," which always entails special charges for special services. It is also not uncommon to find that the dues and special charges are insufficient to support the plan and that the deficits are made up by the profits from extra activities, such as soda fountain, magazine, or drug sales. Income from nonmembers is also an important financial item.

This information is given at your request and is confidential. Opinion is given merely as a business courtesy. No responsibility is to attach to the American Medical Association or its officers personally for information herein given.

Sincerely yours, J. D. Laux, Bureau of Medical Economics.

JDL:JB  
enc. 4

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Gov. Ex. 91

C-6.2-105  
6208

January 12, 1938.

Mr. Robert Browne, 301 Walsh Hall, Notre Dame, Indiana.

DEAR MR. BROWNE:

I am forwarding to you under separate cover several of our reprints in which you will find considerable information on the topics we discussed.



Two articles descriptive of the Trinity Hospital Plan appeared in the American Magazine, one in January 1935, page 52, and the other in 1937 (abstracted in the August 1937 issue of Reader's Digest, page 65). The enclosed abstract of an address by Dr. Ogden before the Association of Clinic Managers is also descriptive of the Trinity Plan. We trust that you will return this enclosure as soon as possible.

The Medical Service Plan of Trinity Hospital, Little Rock, Arkansas, is one type of several prepayment plans for medical care that have been attempted. The plan was inaugurated in 1931 and is operated by a staff of six physicians. Under the plan, six weeks of hospitalization, including operating room, anesthetics, and general nursing, as well as medical and surgical services, are offered for a rate of \$2.50 a month for individuals; \$2 a month for persons enrolled in groups; and \$5 a month for families, regardless of size. Hospitalization is restricted to Trinity Hospital, and the medical treatment and surgical care are performed by the staff of Trinity Hospital only.

The Hospital does not appear in the American Medical Association Register, and the staff members are no longer associated with the local medical society. Solicitors are employed on a percentage basis to secure members from groups of employees in business organizations and by house-to-house canvasses.

As a general rule, most of these plans do not provide the complete services claimed, nor are they supported solely by the dues collected from members. A number of independent surveys have agreed that medical services cost an average of not less than \$100 per family or \$25 per person. It is inconceivable that any "insurance" or prepayment plan which must add administrative costs can provide the same services for lower average charges. Either the services offered are not as complete or the quality of the services is impaired. Frequently the members who ask for services are given the complete "run of the mill" which always entails special charges for special services. It is also not uncommon to find that the dues and special charges are insufficient to support the plan, and that deficits are made up by the profits from extra activities such as soda fountain, magazine, or drug sales. Income from nonmembers is also an important financial item.

The enclosed clip sheet from the Journal will give you some information concerning the proposal of the Committee of Physicians.

I shall appreciate receiving a copy of the paper you are preparing on the Medical Service Plan of Trinity Hospital.

Sincerely yours, J. D. Laux, Bureau of Medical Economics.

JDL:HH

2 enc.

Principles and Proposals of the Com. of Physicians  
JAMA 109:1816, Nov. 27, 1937.

Dr. Ogden's Address before Association of Clinic Managers (Abstract). (This to be returned to us).

Forwarded: Economics and Ethics, Medical Service Plans, Critical Analysis of Sickness Insurance, Contract Practice, Group Hospitalization.

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Gov. Ex. 92

(Dr. Conklin's letter filed with other copy of this letter in M-2.1).

M-2.1

C-6.2

December 8, 1937.

Dr. C. B. Conklin, Secretary, The Medical Society of the District of Columbia, 1718 M Street, Washington, D. C.

DEAR DOCTOR CONKLIN:

In your request for "a list of local, county and state medical societies, also of individual groups of physicians, that have established a plan of prepayment medicine in the United States, with the name and address of officers in charge," you probably do not want an exhaustive list. Accordingly, the enclosed is a list of outstanding examples of each of the designated types of prepayment medical care plans, with the exception that the list of plans under the auspices of medical societies is complete.

You will notice that practically all of the medical society controlled prepayment plans are those in Washington. The

workmen's compensation law in Washington, contrary to the practice in most states, provides that the employees may be charged regular monthly payments to provide medical services for compensable injuries and diseases. This called into existence "hospital associations" which are private corporations organized to contract with employers for the provision of the necessary medical services. To meet this situation, county medical societies organized medical service bureaus which seek to return to the general medical profession that section of the medical service which has been monopolized by a few physicians and hospitals under contract with privately owned hospital associations. The medical service bureaus have striven to supplant the private contract organizations by offering free choice of physician and by insisting on a higher standard of medical service. It has been intimated that these medical service bureaus would not have been organized or would be abandoned if it were not for the peculiar features of the workmen's compensation law which permit private commercial associations to contract for and to provide medical services on a prepayment basis.

The Utah and the Fulton County (Georgia) plans and the Canadian plan are the only other known attempts of medical societies to operate prepayment plans which are still of any consequence. Several medical societies have made special prepayment arrangements for the care of indigents and for W. P. A. workers, but it is believed these are not the type of plans you have in mind.

It is difficult to know what plans may be put in the category "prepaid insurance medicine as conducted by or may be conducted by or controlled by reputable acceptable physicians." Most of the plans not under the auspices of medical societies usually are organized by lay individuals or administrators of hospitals or, even if the plan is sponsored by a group of physicians, they are not usually recognized as ethical. For example, several of the hospital associations in Washington and Oregon which are considered as private commercial associations are organized by physicians or a group of physicians. There are very few examples of this type of organization in states other than Washington and Oregon. Here in Chicago there is the National Health Service, operated by Dr. Joseph Berkowitz, which is a prepayment plan for complete medical and hospital serv-

ices. Dr. Berkowitz is also connected with the United Medical Service, Inc. and National Medicine, Inc. A somewhat similar organization is the Civic Medical Center of Chicago. There are other prepayment plans of this type operated by physicians who own substandard hospitals or clinics.

Probably what you really have in mind are the so-called private group clinics which offer a prepayment plan. In our publication "Group Practice," which is a study of these private group practice arrangements, out of 224 bona fide groups only 20 reported a prepayment arrangement. Most of these were the groups mentioned in Washington and Oregon. The following statement is taken from that report:

Comments indicated that some of these arrangements were in the nature of contracts with a single firm to care for its employees, and that the service given was confined to industrial accidents and care at the plant. That less than 9 per cent of the groups had ever tried any such plan and that 60 per cent of these were in the states in which this form of practice is highly developed furnish ample proof of a lack of any high correlation between group practice and sickness insurance, and also of the absence of any pronounced trend in that direction among groups.

We have no record of any private group of reputable physicians offering a prepayment plan. C. M. Bond, Chairman of the Administrative Committee of the Association of Clinic Managers, Sheboygan Clinic, Sheboygan, Wisconsin may be able to help you locate clinics which offer prepayment arrangements.

The other plans listed are prepayment arrangements for medical care organized for rural communities or as a special community subsidized project.

From the experiences of the existing prepayment arrangements for medical care, it appears that even the experiments controlled by medical societies or by physicians have not been entirely free from the criticisms directed at lay or politically controlled plans. The undesirable practices of advertising and solicitation have to be followed, particularly if competing plans are in existence, and the organization of a medically controlled plan encourages the organization of lay controlled plans. Whether the prepayment plan is medically, lay, or politically controlled, it still

must overcome the difficulty of calculating in advance a premium or yearly fee for the proposed medical services which will constantly expand to include new and expensive methods of treatment. Likewise, administrative expenses will be incurred regardless of the nature of the control over the plan. The diversion of receipts for administrative expenses, and the increase of demands of insured persons for services place a severe strain on the resources of any prepayment medical care plan.

We trust that this will fulfill your request, but if not please feel free to call on us again. We should like for you to keep us informed as to developments and to make a copy of any of your findings for our information.

Sincerely yours, J. D. Laux, Bureau of Medical Economics.

JDL:HH

1 enc.

Gov. Ex. 93

C-6.2-72

M-2.1-470

January 18, 1938.

Dr. A. C. Christie, 1835 Eye Street, N. W., Washington,  
D. C.

DEAR DOCTOR CHRISTIE:

The information we have on the Stanocola Employees' Medical and Hospital Association of Baton Rouge, Louisiana is not particularly up to date as there has been very little interest in this plan since 1933. You will find a description of the Association in a Julius Rosenwald Fund publication entitled "Group Payment for Medical Care," prepared by C. R. Rorem and J. H. Musser, published in 1932. The following is abstracted from this publication and from the material we have in our files.

The Stanocola Employees' Medical and Hospital Association was organized in 1924 to furnish designated medical and hospital services for employees of the Standard Oil Company of Louisiana and their dependents. Fees of \$3 monthly are collected through payroll deductions from members of the Association. The Association is empowered



to levy three special assessments of \$3 each during any one calendar year. In 1930 the Association was incorporated under the laws of the State of Louisiana as a nonprofit corporation with authorized capital of \$100,000 consisting of 5,000 shares of stock at \$20 par value. At the time of incorporation the ownership of a share of stock was made a condition of membership, payment being made in eight monthly installments of \$2.50 each. The funds obtained by sale of stock were used to purchase a former private building for use as a clinic, and equipment.

Membership in the Association is voluntary and is limited to the white employees of the Standard Oil Company. Approximately 75 per cent of the white employees, around 2,000 annually, are members of the Association. The affairs of the Association are managed by a Board of Directors elected from the membership.

Services are provided by a staff of seven physicians (a surgeon, an eye, ear, nose and throat specialist, and five general practitioners). The clinic personnel also includes two graduate nurses, a telephone operator, and a caretaker.

Members of the Association are entitled to the services of the medical staff in their homes, in the clinic, and in two local hospitals where the Association physicians are staff members. A maximum of \$250 is allowed for hospitalization and special nursing in any one illness. Hospitalization is paid for by the Association at ward rates in two local hospitals. X-ray and radium services are not provided. Special charges are also made for prescribed medicines and for drugs required to an unusual degree in the course of treatment. A mileage charge is made for house calls beyond a seven mile radius from the clinic. Eye glasses and artificial appliances are not supplied. Obstetrical cases are not hospitalized except for special conditions. Dentistry is not included.

Practically all of the expenses of the Association, which were above \$90,000 in 1931, are said to be secured through the \$3 monthly payroll deduction from members. Tables showing the kind and volume of services are given for each year up to 1931 in the publication mentioned above.

The records of the clinic are said to be incomplete and inadequate, and the physicians are asked to work from twelve to fourteen hours a day and then to be on call at night. On the other hand, the medical staff receives salaries from \$6,000 to \$9,000 which are said to be far above

the income of the other practitioners in the community. Likewise, each member is entitled to one day's full absence from work each week, and a two weeks' vacation annually.

In 1929 the East Baton Rouge Parish Medical Society declared that the contracts entered into by the doctors with the Stanocola Employees' Medical and Hospital Association were unethical, and that a continuation of the contracts would be prima facie evidence that membership in the Society would no longer be desired by those physicians. An appeal to the courts of Louisiana by the physicians concerned for an injunction to restrain the Society from such action was denied.

If we are successful in obtaining some information concerning the present status of the Association, we shall communicate with you again.

The workmen's compensation law in Washington, contrary to the practice in most states, provides that the employees may be charged regular monthly payments to provide medical services for compensable injuries and diseases. This called into existence "hospital associations" which are private corporations organized to contract with employers for the provision of the necessary medical services. To meet this situation, county medical societies organized medical service bureaus which seek to return to the general medical profession that section of the medical service which has been monopolized by a few physicians and hospitals under contract with privately owned hospital associations. The medical service bureaus have striven to supplant the private contract organizations by offering free choice of physician and by insisting on a higher standard of medical service.

The King County Medical Service Bureau of Seattle, Washington is one of ten bureaus that have been developed by county medical societies in Washington as a means of meeting this situation created by the workmen's compensation law. The King County Medical Service Bureau is a voluntary association of physicians who agree to furnish services to the King County Medical Service Corporation. The King County Medical Service Corporation is a charitable corporation and contracts with employers to provide medical and surgical care, hospitalization, nursing, and ambulance services for its employees. The Corporation in turn forms an agreement with the physicians of the

King County Medical Service Bureau to provide the medical and surgical services; and with hospitals, druggists, and firms engaged in furnishing ambulance service to provide hospitalization, medicines, and ambulance service.

As to the method of operation, the Medical Service Corporation sells two contracts: a Medical Aid Contract which provides medical care for employees injured in the course of their employment, and a Standard Group Contract which provides care for sickness and nonoccupational injuries. In King County, only employees earning less than \$1,800 annually are allowed to participate and at present about 25,000 such employees are under contract with the King County Medical Service Corporation.

The Department of Labor and Industries classifies all industries in the State and stipulates the premiums which range from 1¢ to 15¢ for each day worked by an employee, to be paid into the Medical Aid Fund. One half of the premiums are paid by the employer and one half by the employees. The medical service corporations or "hospital associations" receive 89 per cent of the premiums for the employees covered by medical aid contracts, the remainder going to the State for administration of the Act and for the care of employees in need of treatment after the expiration of the contracts. The Department of Labor and Industries also draws up a maximum fee schedule for all services to be rendered employees under medical aid contracts. Copies of the fee schedule and the classifications and rates may be obtained by writing to the Department of Labor and Industries.

The Standard Group Contract is paid for by the employee who authorizes his employer to deduct the premium from his wages. The premiums for the Standard Group Contract vary, but range from \$1.25 to \$1.75 monthly for each employee. Some "Hospital Associations" write a "Full Coverage" contract which includes benefits for dependents. For the services under the Standard Group Contract, a fee schedule is agreed upon between the participating physicians and the medical service corporation. In most corporations the French Unit System is used to divide the monies received in order to avoid any difference in the amounts paid to the physicians rendering service to patients under workmen's compensation (the Medical Aid Contract) and

to physicians rendering general medical or nonoccupational service (the Standard Group Contract).

The enclosed list of bureaus and hospital associations in Washington (and in Oregon where a similar situation exists) and tables showing some operating statistics may be of interest to you.

From an examination of the contracts it is apparent that the numerous exceptions and limitations leave large gaps in the medical services provided. As a general rule, most prepayment contract medical care plans give the impression of providing complete medical services for the small fee charged while, as a matter of fact, numerous services are excluded and special charges are often made. It has been intimated that the contract arrangements through medical service bureaus controlled by county medical societies would not have been undertaken or would be abandoned if it were not for the peculiar features of the workmen's compensation law which permits private commercial associations to contract for and to provide medical services on a prepayment basis. Apparently, the medical society experiments with prepayment medical care plans have not been entirely free from the criticisms directed at lay or politically controlled plans. One investigator (Dodd, W. F.: Administration of Workmen's Compensation, Commonwealth Fund, New York, 1936) concludes, "The medical service [in Washington] appears to be inadequate under the contract system, however administered."

We trust that the above information will be of assistance.

Sincerely yours, J. D. Laux, Bureau of Medical Economics.

JDL:HH 1 enc.

## Gov. Ex. 94

Dr. Groover, Christie and Merritt, 1835 Eye Street, N.W.,  
Washington, D. C.

Telephones National 1472, 1473 and 1474.

Thos. A. Groover, M. D., Arthur C. Christie, M. D., Edwin  
A. Merritt, M. D., A. B. Morse, M. D., Fred O. Coe, M. D.,  
Edgar M. McPeak, M. D., I. Lattman, M. D., R. Rhett Rath-  
bone, M. D., James E. Wissler, M. D.

L. M. Christie, D. D. S., Associate in Dental Diagnosis.

January 13, 1938.

Dr. R. G. Leland, American Medical Association, 535 N.  
Dearborn St., Chicago, Illinois.

DEAR DOCTOR LELAND:

I wonder if you could give me some information about  
the Stanacola group in New Orleans and the Seattle group  
plan.

The Home Owners' Loan crowd here are using these two  
groups as shining examples of the benefits of health insur-  
ance and none of us know enough about them to answer their  
arguments.

Any information you can give me will be greatly ap-  
preciated.

As ever, with kindest regards,

Very sincerely yours, A. C. Christie, M. D.  
acc:ga.

Received, Bureau of Medical Economics, Jan. 15, 1938.  
Disposition C-6, 2-72.

Dr. Hathaway's letter filed with other copy of our reply  
in M-2.1 Correspondence

## Gov. Ex. 95

M-2.1  
C-6.2

February 4, 1938.

Dr. Robert J. Hathaway, 636 Church Street, Evanston,  
Illinois.

DEAR DOCTOR HATHAWAY:

Our reply to your request for information concerning  
group medical care plans has been delayed because of the



press of work in preparation for the nationwide study of the need for medical care which has been inaugurated recently by the American Medical Association through its county medical societies.

Only a few medical societies have undertaken the operation of prepayment medical care plans. Practically all of these plans are in the State of Washington where the Workmen's Compensation Law permits the hospital associations, which are private corporations, to contract with employers for the provision of medical services for employees. To return to the general medical profession that section of the medical services which was being monopolized by a few physicians and hospitals under contract with these privately owned hospital associations, ten county medical societies in Washington have organized medical service bureaus. These medical service bureaus offer a contract similar to that of the hospital associations, but they have striven to supplant the private contract organizations by offering free choice of physician and insisting on a higher standard of medical service. A medical service bureau organized by the Utah State Medical Association in 1934 but which is now inactive, and a medical service bureau organized by the Fulton County Medical Society (Atlanta, Georgia) in 1934 and which has 778 active members at the present time, are the only other examples of prepayment plans sponsored by medical societies.

You may have in mind prepayment plans sponsored by groups of physicians, such as the Ross Loos Clinic in California, or the Civic Medical Center in Chicago. Such plans are usually in the nature of a contract with a single firm to care for its employees. The enclosed typewritten copy of a circular for the Ross Loos Clinic will give you an idea of the plan. A pamphlet entitled "Ross Loos Clinic" published by the Civil Service Assembly, 850 East 58th Street, Chicago may be purchased for 40 cents.

Other types of prepayment arrangements are organized by lay individuals, by hospitals, or as a special community subsidized project.

As a general rule, most prepayment contract medical care plans give the impression of providing complete medical services for the small monthly or annual fee charged. After an examination of the contract, it will usually be found that numerous services are excluded and that special charges are

made. It is inconceivable that any organizational arrangement of medical services can lower the average annual cost of about \$25 to \$30. per person except by excluding many services or by offering medical services of an inferior quality.

In regard to your specific questions, a different answer would have to be given for practically every plan. For example, in the Ross Loos Plan, practically no limit is set on house calls except "the subscriber will not demand house calls to be made when he is in such physical condition that a visit to the office during regular office hours would not be detrimental to his wellbeing." In the Fulton County Plan, there is apparently no limit on house calls. The Ross Loos Plan provides 90 days of hospitalization in a ward. The Fulton County Plan provides no hospitalization although visits made to the hospital by the participating physicians are paid for. The exemptions of diseases and conditions usually make quite a sizeable list varies with each contract. The payment of participating physicians also follows a variety of arrangements. The medical service bureau plans use the French Unit System whereby each service represents a certain number of units and an agreed amount is paid for each unit. The medical service plan in Fulton County pays the participating physicians by prorating the net income for each month, according to the bills received. Under the clinic plans the participating physicians may receive a salary or a percentage of the net income.

No ethical plan has evolved from the studies of the Committee on the Costs of Medical Care.

Under separate cover we are forwarding to you a number of our publications in which you will find considerable discussion of prepayment plans and the principles which should be observed by such plans. Notice in particular the requirements for free choice of physician and for payments in cash directly to the patient.

Sincerely yours, J. D. Laux, Bureau of Medical Economics.

JDL:HH

1 enc.

C-62-105

July 8, 1938.

6811

Dr. Edward W. Rowe, Lincoln Clinic, Stuart Building, Lincoln, Nebraska.

DEAR DOCTOR ROWE:

The Medical Service Plan of Trinity Hospital, Little Rock, Arkansas, is one type of several prepayment plans for medical care that have been attempted. The plan was inaugurated in 1931 and is operated by a staff of six physicians. Under the plan, six weeks of hospitalization, including operating room, anesthetics, and general nursing, as well as medical and surgical services, are offered for a rate of \$2.50 a month for individuals; \$2 a month for persons enrolled in groups; and \$5 a month for families, regardless of size. Hospitalization is restricted to Trinity Hospital, and the medical treatment and surgical care are performed by the staff of Trinity Hospital only.

The Hospital does not appear in the American Medical Association Register, and the staff members are no longer associated with the local medical society. Solicitors are reported to be employed on a percentage basis to secure members from groups of employees in business organizations and by house-to-house canvasses.

The Trinity Hospital Plan has sold about 2,000 contracts covering about 5,000 people. Subscribers include wealthy persons in the community as well as factory employees, and persons from towns as far as 140 miles from Little Rock. We have not been able to obtain any financial information concerning the plan other than that the premiums received from members paid 56.3 per cent of the charges for similar services rendered private patients which is approximately the same as if the members of the staff had accepted a 40 per cent reduced fee schedule. Part of this reduction is said to be made up because most of the credit losses ordinarily incurred in private practice are reduced. The staff members have also been willing to participate in such a plan because additional income for special services could be secured from subscribers to the plan. Likewise, staff members do not provide free medical services for persons in the community.

The objections to such an arrangement are the same as the objections to other types of contract practice which prohibit free choice of physician and rely on advertising or solicitation to secure patients. Aside from violating ethical principles which are designed to promote good medical services for the patient, such arrangements do not lower the cost of medical care. The advertised rate does not, as a general rule, provide for complete medical and hospital services and the plan is not supported solely by the dues collected from members. No insurance or prepayment plan which must add administrative costs can provide the same average services now received in private practice for lower than average charges. Either the services offered are not so complete or special charges are made for numerous services. It is also not uncommon to find that deficits are made up by the profits from extra activities such as soda fountain, magazine, and drug sales or income from non-members.

There are several possible arrangements to assist persons to meet medical or hospital bills which avoid most of the objections to contract arrangements for such services. The essential feature of these plans is that the benefits are payable in cash. A number of mutual benefit associations and community health associations have been operating satisfactorily on a cash benefit basis. The July 2, 1938 issue of the Journal, page 59, has the report of the reference committee on the cash payments for medical services which was adopted by the House of Delegates. Under separate cover we are forwarding to you some of our publications in which the questions indicated before are discussed fully.

This information is given at your request and is confidential. Opinion is given merely as a business courtesy. No responsibility is to attach to the American Medical Association or its officers personally for information herein given.

Sincerely yours, J. D. Laux, Bureau of Medical Economics.

JDL:MW

Sent under separate cover 7-13-38: Economics and Ethics of Medicine, Medical Service Plans, Organization of Medical Services, Contract Practice. C. E. J.

Gov. Ex. 99

C-6. 2-105.

July 6, 1938.

Dr. W. H. Lipman, Medical Director Industrial Relations Department, Swift and Company, Union Stock Yards Chicago.

DEAR DOCTOR LIPMAN:

The Medical Service Plan of Trinity Hospital, Little Rock, Arkansas, is one type of several prepayment plans for medical care that have been attempted. The plan was inaugurated in 1931 and is operated by a staff of six physicians. Under the plan, six weeks of hospitalization, including operating room, anesthetics, and general nursing, as well as medical and surgical services, are offered for a rate of \$2.50 a month for individuals; \$2 a month for persons enrolled in groups; and \$5 a month for families, regardless of size. Hospitalization is restricted to Trinity Hospital, and the medical treatment and surgical care are performed by the staff of Trinity Hospital only.

The Hospital does not appear in the American Medical Association Register, and the staff members are no longer associated with the local medical society. Solicitors are reported to be employed on a percentage basis to secure members from groups of employees in business organizations and by house-to-house canvasses.

The Trinity Hospital Plan has sold about 2,000 contracts covering about 5,000 people. Subscribers include wealthy persons in the community as well as factory employees, and persons from towns as far as 140 miles from Little Rock. We have not been able to obtain any financial information concerning the plan other than that the premiums received from members paid 56.3 per cent of the charges for similar services rendered private patients which is approximately the same as if the members of the staff had accepted a 40 per cent reduced fee schedule. Part of this reduction is said to be made up because most of the credit losses ordinarily incurred in private practice are reduced. The staff members have also been willing to participate in such a plan because additional income for special services could be secured from subscribers to the plan. Likewise, staff



members do not provide free medical services for persons in the community.

The objections to such an arrangement are the same as the objections to other types of contract practice which prohibit free choice of physician and rely on advertising or solicitation to secure patients. Aside from violating ethical principles which are designed to promote good medical services for the patient, such arrangements do not lower the cost of medical care. The advertised rate does not, as a general rule, provide for complete medical and hospital services and the plan is not supported solely by the dues collected from members. No insurance or prepayment plan which must add administrative costs can provide the same average services now received in private practice for lower than average charges. Either the services offered are not so complete or special charges are made for numerous services. It is also not uncommon to find that deficits are made up by the profits from extra activities such as soda fountain, magazine, and drug sales or income from non-members.

Under separate cover we are forwarding to you some of our publications in which the questions indicated above are discussed fully. You may also be interested in the clip-sheets from the Journal which describe the Spaulding Bakery Plan at Binghamton, New York which is gaining a reputation as a satisfactory method of assisting employees to meet medical and hospital bills. The essential feature of such a plan is that the benefits are payable in *cash*, thereby avoiding the objections to plans which attempt to contract for medical or hospital services "in kind." Two statements prepared for the House of Delegates which are also being forwarded to you discuss the principle of cash payment of benefits for medical and hospital services which now has the approval of the House of Delegates of the American Medical Association.

The delay in answering your letter was unavoidable. If we can be of any further assistance to you in this matter we shall be glad to hear from you again or to have you call to see us.

Sincerely yours, J. D. Laux, Bureau of Medical Economics.

JDL:HH.

Sent: Clipsheets JAMA June 10, 1933, p. 1870. C-6.1-501. June 6, 1936, p. 1992. C-6.1-501. Medical Service Plans.

Contract Practice. Group Hospitalization Insurance (1938) Pamphlet. Study and Supply of Med. Care (1938) Pamphlet.

Gov. Ex. 101

C-6.2-105

6850.

July 12, 1938.

Dr. James B. Stanford, 899 Madison Avenue, Memphis, Tennessee.

DEAR DOCTOR STANFORD:

Doctor West referred your letter to us a week ago but our reply has been delayed because of the press of work in connection with the Study of Medical Care.

The Medical Service Plan of Trinity Hospital, Little Rock, Arkansas, is one type of several prepayment plans for medical care that have been attempted. The plan was inaugurated in 1931 and is operated by a staff of six physicians. Under the plan, six weeks of hospitalization, including operating room, anesthetics, and general nursing, as well as medical and surgical services, are offered for a rate of \$2.50 a month for individuals; \$2 a month for persons enrolled in groups; and \$5 a month for families, regardless of size. Hospitalization is restricted to Trinity Hospital, and the medical treatment and surgical care are performed by the staff of Trinity Hospital only.

The Hospital does not appear in the American Medical Association Register, and the staff members are no longer associated with the local medical society. Solicitors are reported to be employed on a percentage basis to secure members from groups of employees in business organizations and by house-to-house canvasses.

The Trinity Hospital Plan has sold about 2,000 contracts covering about 5,000 people. Subscribers include wealthy persons in the community as well as factory employees, and persons from towns as far as 140 miles from Little Rock. We have not been able to obtain any financial information concerning the plan other than that the premiums received from members paid 56.3 per cent of the charges for similar services rendered private patients which is approximately the same as if the members of the staff had accepted a 40

per cent reduced fee schedule. Part of this reduction is said to be made up because most of the credit losses ordinarily incurred in private practice are reduced. The staff members have also been willing to participate in such a plan because additional income for special services could be secured from subscribers to the plan. Likewise, staff members do not provide free medical services for persons in the community.

The objections to such an arrangement are the same as the objections to other types of contract practice which prohibit free choice of physician and rely on advertising or solicitation to secure patients. Aside from violating ethical principles which are designed to promote good medical services for the patient, such arrangements do not lower the cost of medical care. The advertised rate does not, as a general rule, provide for complete medical and hospital services and the plan is not supported solely by the dues collected from members. No insurance or prepayment plan which must add administrative costs can provide the same average services now received in private practice for lower than average charges. Either the services offered are not so complete or special charges are made for numerous services. It is also not uncommon to find that deficits are made up by profits from extra activities such as soda fountain, magazine, and drug sales or income from nonmembers.

There are several possible arrangements to assist persons to meet medical or hospital bills which avoid most of the objections to contract arrangements for such services. The essential feature of these plans is that the benefits are payable in cash. A number of mutual benefit associations and community health associations have been operating satisfactorily on a cash benefit basis. The July 2nd, 1938 issue of the Journal, page 59, contains the report of the reference committee on cash payments for medical services which was adopted by the House of Delegates. Under separate cover we are forwarding to you some of our publications in which the questions indicated before are discussed fully.

This information is given at your request and is confidential. Opinion is given merely as a business courtesy. No responsibility is to attach to the American Medical As-

sociation or its officers personally for information herein given.

Sincerely yours, J. D. Laux, Bureau of Medical Economics.

JDL:CEJ

Sent under separate cover 7-13-38: Economics and Ethics of Medicine, Medical Service Plans, Organization of Medical Services, Contract Practice.

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Gov. Ex. 125

Western Union

PHF9 12 PD Chicago, Illinois, April 21, 1938.

Dr. A. T. Talley,  
1307 Medical Arts Building,  
Houston, Texas.

Your telegram has been referred to the Chairman of the Judicial Council.

Olin West.

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Gov. Ex. 134

Excerpt from minutes of Board of Trustees of A. M. A. dated June 6-10, 1937.

Cooperatives: Doctor Woodward reported that in February of this year, employees of the Home Owners' Loan Corporation, which has about 2,000 employees in Washington and a number of regional offices throughout the country, organized a cooperative medical service association in Washington, called the Group Health Association, Inc., and financed in part at least by the HOLC, the purposes of which are set forth in its articles of incorporation as follows:

To provide, without profit to the corporation, for the service of physicians and other medical attention and any and all kinds of medical, surgical and hospital treatment to the members hereof and their dependents, and the con-

struction and operation of a clinic and medical office building, and the construction and operation of a hospital in the manner permitted by law, for the members hereof and their dependents, and the operation of a drug store or pharmacy, and the providing of nurses and of drugs and remedies for the members hereof and their dependents, and the furnishing of all forms of hospital service and attention to the members hereof and their dependents, and in general the giving to the membership of this association and their dependents of all forms of care, treatment or attention that may be required by the sick or in the prevention of disease.

To these ends the said corporation shall have the right of acquiring, taking, receiving and holding all manner of land, tenements, leaseholds, or any other kind of real estate or any interest therein, and of owning, improving and disposing of same; borrowing money and securing the same by mortgage upon its real estate and otherwise, and holding and owning any kind of property, goods and chattels acquired by it in any manner, and of employing and disposing of the same for the purposes for which the corporation is formed and to further its general welfare; and of entering into, making, performing, and carrying out contracts of every sort and kind which may be necessary or convenient for the business and purposes of this corporation and which may be permitted by law.

The foregoing enumeration of specific powers shall not be deemed to limit or restrict in any manner any general powers of the corporation and the enjoyment and exercise thereof as conferred by the laws of the District of Columbia upon corporations organized under the provisions of the law for the purposes stated, but this corporation shall have the power to do all and everything necessary, suitable and proper for the accomplishment of any of the purposes, or the attainment of any of the objects, or the furtherance of any of the powers herein set forth, so far as the same may be permissible under the law, and provided that the same may not be inconsistent with the laws under which this corporation is organized.

The corporation shall have no capital stock but shall be an association controlled by its members. The membership of the corporation shall be composed solely of employees of any branch of the United States Government service



other than officers and enlisted men of the United States Army and Navy. All members shall have equal rights of membership and those whose dues have been paid at the time, if ever, liquidation of its affairs takes place shall have the right to share in the distribution of its assets.

Doctor Woodward stated that he had been informed that this undertaking is financed by a government loan and that the President has given his approbation to the plan. If it is successful, similar organizations will probably be created in other departments of the government. Doctor Woodward quoted the following from a notice that the Group Health Association, Inc., sent out in April:

Under the terms of the contract between your Association and the Home Owners' Loan Corporation, two persons are selected by the Federal Home Loan Bank Board who shall serve on the Board of Trustees.

He stated he had attempted to procure a copy of the contract, to see what they propose to do, but had not succeeded.

Doctor Woodward called attention to the fact that while the Group Health Association, Inc., exists now only among members of the Home Owners' Loan Corporation, its charter does not limit its membership to employees of that corporation. He understood that the loan for the purpose of organizing this corporation was based in part on the fact that the corporation will render service to the HOLC. In his investigation he had inquired of a representative of the Home Owners' Loan Corporation whether medical care for government employees did not have to be rendered by the United States Public Health Service and that the response was, "No; the Home Owners' Loan Corporation can employ whomsoever it sees fit." The entire plan, in Doctor Woodward's opinion, will put the Group Health Association, Inc., into the corporate practice of medicine.

Doctor Woodward stated that he called attention to the fact that if the government can lend money to a medical cooperative in the District of Columbia, it can lend money anywhere in the United States for the same purpose, and that if it is generally known that loans of this kind are possible, the government will be put under pressure to make loans everywhere.

On motion of Doctor Booth, seconded by Doctor Fenton and carried, the Board voted to refer this matter to the Executive Committee.

Gov. Ex. 151

Copy

Nov. 25, 1938.

Dr. Walter A. Coole, Secretary  
Harris County Medical Society,  
818 Hathaway Street,  
Houston, Texas.

DEAR DR. COOLE:

I am acknowledging receipt of your letter of November 24, to Dr. Taylor, enclosing minutes of a special business meeting of your Society, November 23, at which meeting charges of unethical practice against Dr. Raymond E. Selders, now in Washington, D. C., were dismissed without prejudice.

I note that Dr. Selder's check for dues for 1938 was accepted, and that Dr. Selders is a member in good standing in your Society.

I note, further, that the request of Dr. Selders for a transfer to the Medical Society of the District of Columbia, Washington, D. C. will be voted upon at your next regular business meeting, November 30, and your unofficial opinion is that the transfer will be granted at that time. I have considered your letter an official notification of the close of this case, as far as Harris County Medical Society is concerned, and I am so notifying Mr. Freeman, our General Attorney, whose advice has been consulted in the matter, and Dr. Olin West, secretary of the American Medical Association.

I have written in Dr. Taylor's absence from the office. With best wishes, I am

Sincerely yours, R. B. Anderson, M. D.

RBA/LMT

cc—Mr. C. T. Freeman, Dr. Olin West.

Gov. Ex. 169

C-6.1

February 19, 1937..

Dr. A. P. LaFrance, 634 Main Street, Laconia, New Hampshire.

DEAR DOCTOR LAFRANCE:

Your inquiry concerning the proposal of some people in your locality to start a cooperative scheme has been referred to the Bureau of Medical Economics.

There have been a very large number of similar proposals within the last year; they have come from nearly all sections of the country and have been especially numerous in some states. Although we have kept a close watch of all such developments, we do not know of a single one that has actually gone into operation.

The fact is that the distribution of medical service is not suited to cooperative methods. Even in nations where the cooperative movement has its greatest strength, all efforts to apply such fundamental principles of cooperation as the "patronage dividend" and "wholesale buying" have proved impossible. Because of the difficulty in applying a real cooperative scheme, cooperatives, both in this country and in Europe, have attempted to utilize their organizations and financial resources to set up plans of contract practice. This is probably what is taking place in your district.

We are enclosing a description of some plans in Binghamton, New York that avoid some of the evils of contract practice. These may be of interest to you and of some value in the way of a suggestion as to how to meet the local situation.

The most important thing in all these plans is to see that the entire situation is handled only through the local medical society. We are therefore forwarding a carbon copy of this letter to Dr. C. S. Abbott, Secretary of the Belknap County medical society, for his information, should the county medical society care to take any action in the matter.

Sincerely yours, A. M. Simons, Assistant Director,  
Bureau of Medical Economics.

AMS:HEH Encs. 2

CC: Dr. C. S. Abbott, Sec'y., Belknap County Medical Ass'n., 8 Academy Street, Laconia, New Hampshire.

Enc. "Freedom of Choice of Physician in Industrial Medicine" from "Medical Economics", Vol. 106, No. 23, pp. 1991-1992 and "A New Experiment in Industrial Medicine" from "Medical Economics" 100:23, 1869.

Gov. Ex. 170

Dr. Leland.

Excerpt from letter dated 2/10/37 received by Subscription Department from A. P. LaFrance, M. D., Laconia, N. Y.

"There is a small group of men in a neighboring village who are starting a cooperative scheme to aid themselves in

major illnesses. I would appreciate any and all information which you may send me on such group plans."

2/18/37 P. P.

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Gov. Ex. 171

C-6.1

February 19, 1937.

Dr. C. S. Abbott, Secretary, Belknap County Medical Association, 8 Academy Street, Laconia, New Hampshire.

DEAR DOCTOR ABBOTT:

We are enclosing a copy of a letter sent in reply to an inquiry by Doctor LaFrance. We do this because we feel that any action in relation to such a scheme as is proposed should come through the county medical society.

If there is any further information or help that you think we can give, be sure we will be glad to extend any assistance in our power.

Sincerely yours, A. M. Simons, Assistant Director,  
Bureau of Medical Economics.

AMS:HEH Enc. 1

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(Here follows Gov. Ex. 172.)

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Gov. Ex. 173

C-6.2

March 25, 1937.

Dr. J. Fred Adams, c/o Macon County Clinic, Montezuma, Georgia.

DEAR DOCTOR ADAMS:

The problem you present in regard to furnishing medical service on a prepayment plan for a group of employees is a familiar one, but, unfortunately, is one for which no satisfactory solution has as yet been discovered. There have been almost numberless cases in which some sort of mutual insurance plan has been arranged. In practically every

Gen. Ex. 172

927 FEB 13 AM 10 12

Laconia, N.H.  
Feb. 10, 1937

CT8

American Medical Association  
Chicago, Ill.

Dear Sir:

I have not subscribed to the Journal since I have started practicing. I want to subscribe at this time, and also start my membership in the A.M.A. Will you please accept this as my application.

There is a small group of men in a neighboring village who are starting a cooperative scheme to aid themselves in major illnesses. I would appreciate any and all information which you may send me on such group plans.

Very truly yours

*P. G. Francis, M.D.*

76A 77/37

LM

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case the outcome, after a number of years, is an increase in the demand for medical services, with a resulting excess of work for the physicians and a consequent decline in the quality of service given. It is almost impossible to avoid these consequences under any plan of sickness insurance that does not include a free choice of physician and payment for medical service according to the "medical act." Even under these conditions there is no certainty of successful outcome.

Where the contract does not include freedom of choice and the physicians are placed on a salary or a per capita basis, the results are apt to be more unsatisfactory. This is especially true where, as we judge from your letter is the case in your locality, the contract does not include all the people in the locality. In that case there is always a division of services, which puts the physicians outside of the contract at a disadvantage and results in poorer service for the remainder of the community and conflict within the medical organization.

As to the financial basis of any such organization, one of the few things on which there has been substantial agreement between the defenders and opponents of sickness insurance is that adequate medical service can not be provided for less than twenty dollars a person; in fact, the usual calculation places it closer to thirty dollars; this means that for a family of four, at least seventy-five dollars a year is required, if complete medical service, including hospitalization is to be included. While we have no information as to the wages paid in the plant to which you refer, it is probable that the payment of such a sum from the average income would leave the individual family unable to provide other things which may be more essential to good health than the sort of perfunctory medical service that usually results from such contracts.

The nearest approach to a satisfactory plan that has been developed is that now in operation in Binghamton, New York, a description of which we are enclosing. The central idea of this plan is that a fund is created by whatever payments the employees are able to make, which is used for the payment of medical service according to an agreed-upon fee schedule. The service is then limited by the amount of funds available. The quality of the service and professional standards in general are guaranteed by the local county medical society. All physicians who accept

the fee schedule can give service and are paid according to the schedule. This does away with most of the evils of contract practice, insures free choice of physician, and is not so apt to arouse professional antagonism.

We would suggest that the best thing to do as a first step is to take the matter up with the county medical society and make all arrangements through that organization. We are sending you under separate cover a copy of "Medical Service Plans," which might contain some further suggestions. We might add that some of the county medical societies in Washington and Oregon, in order to meet conditions created by the peculiar Compensation Laws in those states, have attempted to set up plans of medical care with a lower rate of payment than that mentioned above. We believe that it is the general opinion that these plans, while still considered necessary in order to meet the competition of so-called "hospital associations" and private contract practice, are by no means a wholly satisfactory way of practicing medicine.

If we have not answered the questions in which you are interested, do not hesitate to write us further and more specifically, as we are anxious to give all the assistance that we can.

Sincerely yours, A. M. Simons, Assistant Director,  
Bureau of Medical Economics.

AMS:HEH

Encs. Two articles from Journal on Binghamton Plan.  
Sent "Medical Service Plans."

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Gov. Ex. 174

Thos. M. Adams, M. D., C. P. Savage, M. D., J. Fred  
Adams, M. D.

Macon County Clinic

Montezuma, Ga.

3-22-37.

American Medical Association, Bureau of Information, 535  
North Dearborn St., Chicago, Ill.

GENTLEMEN:

We are confronted with a problem about which we want  
some help, if you are in a position to give it. It is this:

We have, in our town, a small cotton mill, employing approximately 175 people. They, with their families, number approximately 600 people, about one third of the employees unmarried. The owner of this mill wants to get a plan started whereby these people and their families can be taken care of medically. Of course they carry compensation insurance, so that accidents are adequately cared for. If you have any plan already outlined please help me for one of the following three arrangements: (1) Whereby the employees and their families could receive medical attention, (2) whereby they could receive medical attention and hospitalization, (3) whereby they could receive necessary hospitalization. The fees in this locality are, for house visits \$3.00, office visits are \$1.00 or \$1.50, this exclusive of any laboratory work, etc. We do not intend to make a contract in this affair, we only want some schedule of how much should be withdrawn from their wages, and a plan whereby that can be managed so that a reserve fund is continually at hand to give the above mentioned necessities.

Yours truly, J. Fred Adams, Macon County Clinic,  
by J. Fred Adams, M. D.

JFA:SU

Gov. Ex. 175

C-6.2-105

July 31, 1937.

Mr. Dan Steible, 1422 Cedar Avenue, Cincinnati, Ohio.

DEAR SIR:

We are sending you under separate cover the pamphlets for which you asked, with the exception of the one "Collecting Medical Fees" which is now out of print.

Regarding the Trinity Hospital at Little Rock, Arkansas, this is one of a variety of plans that have been offered. The attitude of the American Medical Association in regard to such plans is stated in the opinion of the Judicial Council, given herewith:

"So-called Hospital and Health Associations.

"In its report to the House of Delegates at Philadelphia, the Judicial Council gave consideration to the ethical and economic status of so-called hospital and health associations, controlled by groups of laymen, or by individuals,

offering medical and hospital service to any one who will buy "membership" and pay a nominal sum each month as dues."

The Judicial Council's report states: "Such schemes have been put into operation in various places and have failed within a few weeks or months because of inadequate income or because of failure to render good service. The Judicial Council has regarded these schemes as being economically unsound, unethical and inimical to the public interest."

"Within the last year, 1930-31, some community hospitals have announced their intention to provide medical, surgical and hospital service to families on a flat rate basis. In at least one instance, such service has been offered to families, for \$35 a year, irrespective of the number of members in such families. In most instances, certain exceptions are made in that persons with chronic diseases are not entitled to receive the benefits of the plan and obstetrical service is not supplied without additional compensation. The members of the Judicial Council doubt that it is wise to lead the people in any community to believe that all necessary medical and hospital service, even though chronic diseases and obstetrical care be excepted, can be provided for the average family for \$35 a year. In the cases presented to it the Judicial Council has advised against adoption of such plans by community hospitals because it is believed that they are not economically sound in that they may be unfavorably affected by conditions entirely beyond control under which contracts cannot be fulfilled. There are other aspects of the matter that readily present themselves for consideration involving the interest of physicians in the community who cannot participate in such plans."

I have not yet seen the August issue of the American Magazine to which you refer. An article in the January 1935 issue of the American Magazine, where this plan was first given publicity, stated:

"In the United States the idea has been meeting bitter opposition, principally from the American Medical Association, which at its annual convention in Cleveland some weeks ago threw its weight against the plan. Even so, sentiment may change as the idea spreads—after eight months' study the American College of Surgeons, meeting a few days earlier in Chicago, wholeheartedly endorsed the periodic prepayment plan."

As you will note, the official position of the A.M.A. is not correctly stated in the above quotation. Neither is the statement true concerning the American College of Surgeons. Aside from the objections noted in the opinion of the Judicial Council, there has always been opposition to any form of advertisement or solicitation for patronage in connection with medical services.

I am adding to the list of pamphlets for which you asked, one entitled "Economics and the Ethics of Medicine" where you will find this subject discussed on pages 18 to 26.

Sincerely yours, A. M. Simons, Assistant Director,  
Bureau of Medical Economics.

AMS:HHH

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Gov. Ex. 176

The Fredk. A. Schmidt Co., Realtors

Cincinnati, Ohio

Office of Dan Steible, Director of Advertising and Publicity

July 29, 1937.

Bureau of Medical Economics, American Medical Assn.,  
Chicago, Ill.

GENTLEMEN:

I am making a study of group medical services and prepayment plans. Am informed that the following booklets are available from you:

- Collecting Medical Fees
- Contract Practice
- Group-Hosp. Contracts and Ins. Contracts
- Group Practice
- New Forms of Medical Practice
- Prepayment Plans for Hospital Care
- Some Phases of Contract Practice
- Economics and the Ethics of Medicine.

I will appreciate any or all of these if available. I am particularly interested in the type of institution represented



by Trinity Hospital, Little Rock, Ark., as described in articles in the August American Magazine and Readers Digest.  
Very truly yours, Dan Steible.

P. S.—Please address me at residence, 1422 Cedar av., Cincinnati, O.

(Gov. Ex. 202 inadvertently printed, read R. 996.)

Gov. Ex. 202

August 18, 1937.

Dr. C. B. Conklin, Secretary, Medical Society of the District of Columbia, 1718 M Street, N.W., Washington, D. C.

DEAR DR. CONKLIN:

I thank you for your letter of August 14, stating the present position of The Medical Society of the District of Columbia with reference to the Group Health Association.

I understand from your letter that everything that was said and done by Dr. Leland and me in the course of our recent conference with the committee then having the Group Health Association under consideration is now before the committee newly appointed to study the matter. If there is anything in what either of us said or did that was obscure and that calls for explanation or elaboration, we shall be glad to undertake to explain or elaborate it for the information and guidance of the committee. Neither of us has at the present time any further proposal looking toward forestalling the growth of the Group Health Association or toward preventing the organization and growth of similar groups in the District of Columbia.

Has The Medical Society of the District of Columbia taken the advice of counsel with respect to the situation? If so, we shall appreciate it very much if you let us know what that advice was, with citations to statutes and cases supporting it.

Yours truly, Wm. C. Woodward, Director.

WCW.DC

Gov. Ex. 224

Columbia Hospital for Women

Washington, D. C.

Col. P. M. Ashburn, Superintendent

September 14th, 1937.

William D. Cutter, M.D., Secretary, American Medical Association, Chicago, Ill.

MY DEAR DOCTOR CUTTER:

I acknowledge receipt of your letter of September 8th, enclosing Dr. C. M. Peterson's report of June 11th, 1937, on Columbia Hospital for Women and Lying-In Asylum.

I shall take great pleasure in submitting this report and its contained recommendations to the Board of Directors and the Medical Board at the times of their next regular meetings. Meanwhile, I would draw your attention to three minor errors as to facts. Under the first paragraph of the heading "General Statement" occur the statements "The board of trustees meets annually" and "There is no representation from the medical board". The facts are that the board of trustees (Directors) meets quarterly, and the medical board is represented on this (as well as on the Executive Committee, which meets monthly) by its president and vice-president, who are always invited to attend meetings and often do so. There they have all the rights of members except the vote. They hear all of the hospital business and are free to discuss any matters or to introduce new matters, to make recommendations as they see fit.

In the third paragraph under the same heading "General Statement", it is sated "There is a private floor, a semi-private floor and a ward floor." Of the three floors for patients, two are devoted to both private and semi-private cases, and the third mostly to ward cases, but it has also two private rooms and one semi-private.

I am not quite clear as to the statement under C-2, Teaching, that "residents occasionally are asked to demonstrate to clerks from Georgetown University." There is an arrangement whereby two Georgetown undergraduates at a time may be present as onlookers at labor in ward cases and receive instruction, but not take any part in the delivery. I presume that this is what is meant.

Very sincerely yours, P. M. Ashburn, Supt.

Gov. Ex. 225

September 17, 1937.

Col. P. M. Ashburn, M.D., Supt. Columbia Hospital for Women, Washington, D. C.

DEAR COLONEL ASHBURN:

Thank you for the information contained in your letter of September 14th. The corrections noted will be attached to Dr. Peterson's report.

We shall be glad to hear from you again after the report has been presented to the Board of Directors and the Medical Board.

Very truly yours, — —

WDC:MH

Gov. Ex. 226

Columbia Hospital for Women

Washington, D. C.

Col. P. M. Ashburn, Superintendent

September 29th, 1937.

Dr. William D. Cutter, Secretary, Council on Medical Education and Hospitals, American Medical Association, Chicago, Ill.

MY DEAR DOCTOR CUTTER:

Referring to your letter of September 17th, I report that I have submitted the report of Dr. C. M. Peterson's inspection of this hospital on June 11th, 1937, to the Medical Board.

I am requested to inform you that the Board takes cognizance of the recommendations made and will try to meet them as it becomes possible.

I can also assure that the Board of Directors will be similarly disposed.

Very sincerely yours, P. M. Ashburn, M.D., Superintendent.

PMA/d

Gov. Ex. 252

Trinity Hospital  
Little Rock, Arkansas

August 8, 1936.

Dr. William D. Cutter, American Medical Association, 535  
North Dearborn Street, Chicago, Illinois.

DEAR DOCTOR CUTTER:

In your letter of July 16 you state that Trinity Hospital has been omitted from the register of hospitals in the directory because "it became apparent that policies adopted by the hospital made it inconsistent for us to further continue to endorse the institution before our readers". I would be interested to know just how you arrived at this conclusion. As you are aware, we do have a plan of pre-paid medical care which conforms in all particulars to the ten requirements of the A.M.A. This plan, as you are also probably aware, has met with violent opposition by the local medical society and we have been accused of almost every crime in the calendar.

I hesitate to believe that you have acted upon these unsupported accusations and then too, I notice that the Missouri Pacific Railroad Hospital is listed in the directory. This is the hospital of another prepayment medical care plan, which is not voluntary, allows no free choice of physician, but which is compulsory to the point that if the employees do not contribute they lose their jobs and moreover it is entirely managed by laymen who employ physicians on a salary.

All of this has me somewhat confused,—I do not know just what steps we can or should take to make Trinity Hospital eligible for listing. I would appreciate very much your suggestions in this matter.

Yours very truly, Trinity Hospital. Caroline T.  
Snyder, Superintendent.

CTS/s

Gov. Ex. 261

C-6.2-851  
6123

December 20, 1937.

Mr. George H. Saville, Asst. Exec. Sec., Ohio State Medical Assn., 1005 Hartman Theater Bldg., Columbus, Ohio.

DEAR MR. SAVILLE:

I am greatly obliged to you for your letter of December 17th with enclosure.

I shall be in Washington again about the 16th of January and may possibly avail myself at that time of the opportunity to discuss the Group Health Association plan with Mr. Husband.

Incidentally, information has just come to me to the effect that the Comptroller of the Budget has ruled that the money advanced by the H. O. L. C. to Group Health Association, Inc., was entirely without authority.

Sincerely yours, R. G. Leland, M. D., Director Bureau of Medical Economics.

RGL:DP

Gov. Ex. 266

C 6.2-22

March 19, 1934.

Dr. Ernest J. Dewees, Ass't. Med. Director, Provident Mutual Life Insurance Company, 46th and Market Streets, Philadelphia, Pennsylvania.

DEAR DOCTOR DEWEES:

In re: Ross-Loos Medical Group, Los Angeles

I am turning over your inquiry of March 16 and the photostats that accompanied it to Dr. Leland, Director of our Bureau of Medical Economics. He is handling all the material on group practice.

Very sincerely yours, — —

AJC:JW



Gov. Ex. 267

March 19, 1934.

DR. LELAND:

The attached inquiry from Dr. Dewees of the Provident Mutual Life and my acknowledgment of it are self-explanatory. Can you help him?

A. J. Cramp.

AJC:JW

Received: Bureau of Medical Economics, Mar. 19, 1934.  
Disposition C-6.2-22.

Gov. Ex. 282

The Long Island College Hospital  
Henry, Pacific and Amity Streets  
Bernard McDermott, Superintendent  
Brooklyn, New York City

Tel. Main 4-4000

9-24-38.

Dr. Morris Fishbein, 535 N. Dearborn St., Chicago, Illinois.

DEAR DOCTOR FISHBEIN:

Your answer to my letter of the nineteenth of this month has been received. Since I wrote to you I have obtained some additional information regarding the group that I wrote you about and have heard from the director of the same. The group concerned is the Group Health Association, Incorporated, 1328 Eye Street, N. W., Washington, D. C. It is apparently an organization composed of government employees and their dependents, and I am told is fully supplied with all necessary equipment and technical personnel for the operation of a complete modern clinic with the highest standard of ethical, medical and surgical and obstetrical care and treatment, including hospitalization. The director of this group is Dr. Raymond E. Selders. The position open is for an obstetrician who would perhaps have to do some general work in addition for a time. The salary I am told is about the figure that I stated in my other letter to you.

I do not know whether this will aid you more in advising me, but at the present time is all the information that I

have. I am contemplating on going down there soon and looking into the matter at first hand, and if there is any other pertinent information that I can learn while there I shall write you again. I appreciate very much, indeed, your interest and willingness to advise me. Since I complete my work here a week from today, I shall most probably go home to Wisconsin for a short time before doing anything about this proposition one way or another. In the meantime I shall run down and investigate further, since I am interested.

With sincere appreciation, I am

Very truly yours, Fred Hammerly, M. D.

FH/B

(Original of Gov. Ex. 291 read at R. 1107.)

Gov. Ex. 291

Received: Bureau of Medical Economics, Aug. 2, 1938.  
File C-6.2-851.

August 27, 1938.

Mr. M. K. Heartfield, Washington, D. C.

DEAR MR. HEARTFIELD:

I appreciate your letter of August 23, together with the information that it contains. This is most heartening, as indicating the public reaction in Washington toward Group Health Association activities.

I am referring your letter of Dr. Olin West, secretary of the Association, and to Dr. R. G. Leland of our Bureau of Medical Economics.

With best wishes, and with the hope of seeing you sometime soon, I am

Sincerely yours, — — —

S.

Gov. Ex 294

Copy goes to Dr. West and Dr. Fishbein 9/1/37.

Memorandum for Dr. West and Dr. Fishbein.

To avoid possible conflict on my part with the attached Canons of Professional Ethics of the American Bar Association, I am submitting the accompanying material to

you in the form of a report. If you decide to publish it, I hope that my letter will be published along with it so as to make my status clear. If the letter should be addressed to you or to either of you, change can be made accordingly.

The minutes of the meeting of the Executive Committee, June 29, 1937, show the adoption of the following resolution:

"Doctor Bloss moved that the Editor and the Secretary and General Manager be authorized to proceed to inform the profession of the country as to the efforts of the HOLC to enter into the practice of medicine and as to the present status of the proposal to organize cooperatives by the government. Doctor Hayden seconded the motion and it was carried."

WCW-btm—9-1-37

American Medical Association  
Bureau of Legal Medicine and Legislation  
William C. Woodward, M. D., LL.M., Director  
535 North Dearborn Street, Chicago.

September 1, 1937.

To the Board of Trustees, American Medical Association:

At the meeting of the Executive Committee of the Board of Trustees of the American Medical Association, June 29, 1937, a resolution was adopted authorizing the Editor and the Secretary and General Manager to inform the medical profession of the country as to the efforts of the Home Owners' Loan Corporation to enter upon the practice of medicine and as to the present status of the proposal to organize cooperatives by the Government. In response to your request for information concerning the matter, I submit the following report.

Respectfully, Wm. C. Woodward, M. D., LL.M., Director, Bureau of Legal Medicine and Legislation.

WCW-btm.

File Sep. 1, 1937. W. C. W.

Group Health Association, Incorporated  
Unlicensed Health Insurance and Corporation Practice of  
Medicine Under Federal Auspices

Unlicensed and unregulated health insurance and corporate practice of medicine in the District of Columbia,

and wherever else in the world a civil officer or employee of the United States Government may be found, are proposed in a certificate purporting to be a certificate of incorporation, filed on behalf of Group Health Association, Inc., in the office of the Recorder of Deeds of the District of Columbia, February 24, 1937. The certificate makes eligible for membership every employee of every branch of the United States Government other than officers and enlisted men of the Army and Navy. It attempts to authorize the corporation—

“To provide, without profit to the corporation, for the service of physicians and other medical attention and any and all kinds of medical, surgical and hospital treatment to the members hereof and their dependents, and the construction and operation of a clinic and medical office building, and the construction and operation of a hospital in the manner permitted by law, for the members hereof and their dependents, and the operation of a drug store or pharmacy, and the providing of nurses and of drugs and remedies for the members hereof and their dependents, and the furnishing of all forms of hospital service and attention to the members hereof and their dependents, and in general the giving to the membership of this association and their dependents of all forms of care, treatment or attention that may be required by the sick or in the prevention of disease. Certificate of Incorporation, pages 1 and 2.

The Federal Home Loan Bank Board, a fiscal agency of the United States Government, is sponsoring the Group Health Association morally and through a contract of such a character that neither the Federal Home Loan Bank Board nor the Group Health Association is willing to make it public. (Letter from John W. Childress, Assistant to Chairman, Home Owners' Loan Corporation, July 27, 1937, to Hon. Louis Ludlow), but which, according to newspaper reports, guarantees up to \$100,000 as an advance to help inaugurate the system (Washington Herald, August 25, 1937).

Origin of Group Health Association.—The development of a health insurance organization among employees of the Federal Government in the District of Columbia, to pay benefits to its members in the form of medical and hospital service and not in cash, was foreshadowed by an anonymous

19-page prospectus, marked "Confidential: For Private Circulation Only," that came to light in the early part of the current year. It offered "A Plan for a Cooperative Medical Service on a Periodic Payment Basis for Federal Employees and Their Families in Washington." The prospectus said:

"The aim of this plan is to make available to Federal employees in Washington, and to their families, adequate medical care, both preventive and curative; to provide this care at moderate cost; and to place that cost on a regular, budgetable basis within the means of the group to be served. If Federal employees are typical of the general population with equivalent incomes, many do not now obtain adequate medical care, especially preventive service and care in chronic conditions, while many others incur disastrous debts each year because of sickness costs. The provision of better care should promote health and well-being and reduce time lost from work because of illness. The plan should be of benefit not only to the employees and their families, but also to the Government they serve." Prospectus, page 2.

The prospectus stated incidentally that "federal employees lose approximately 7 days a year from work because of illness" (Prospectus, page 2), but it did not purport to justify the proposed organization of a health insurance association on the basis of any study of the nature and extent of illness among federal employees and their dependents, nor on the cost of such illness to such employees or to the Government. Later, however, after Group Health Association had been organized, its president, by way of justification or excuse, asserted that the Association was the result of studies of health conditions among the employees of the Federal Home Loan Bank Board and its affiliated agencies. (Minutes of Special Meeting of Executive Committee, Medical Society of District of Columbia, June 24, 1937, Penniman—pages 1, 2, 9, Zimmerman—page 9.) No report of any such studies, however, their methods and results has ever been made public. Admittedly, too, even the secret study referred to did not include a parallel study of sickness among employees of the Federal Government other than those in the Home Owners' Loan Corporation, one of the affiliated agencies of the Federal Home Loan Bank Board. (Minutes of Special Meeting, supra, Penniman, page 9.) To determine the significance even of the health



studies made it would be necessary to know (1) the character of such studies, (2) by whom they were made, (3) the nature and extent of illness discovered among employees of the Home Owners' Loan Corporation, (4) the relation of such illness to the habits of the employees and their working and home conditions, including illness among their dependents, and (5) the frequency, duration, and severity of illness among employees of the Federal Home Loan Bank Board and its affiliated agencies in comparison with illness among employees in other branches of the federal service. In the absence of such data, neither the Federal Home Loan Bank Board nor anyone else could or can determine the significance of the study said to have been made, or intelligently deduce from such studies the reasons why the Board, in seeking a remedy for the conditions found, should have ignored the United States Public Health Service and turned for aid to an untried, private, lay health insurance association.

**Incorporation of Group Health Association.**—The Code of the District of Columbia, 1929, Title 5, Chapter 7, Section 179, provides—

“Every corporation, joint-stock company, or association not exempt herein, transacting business in the District of Columbia, which collects premiums, dues, or assessments from its members or from holders of its certificates or policies, and which provides for the payment of indemnity on account of sickness or accident, or a benefit in case of death, shall be known as ‘health, accident, and life insurance companies or associations’.”

The Group Health Association comes clearly within the category described above, for the fact that it pays its members indemnity, not in cash, but in the form of medical and hospital service, is not material. The Association, however, was probably deterred from undertaking [to incorporate] operate under this section because it provides that—

“No such company or association shall transact business within the District of Columbia unless it shall have in assets or in capital stock fully paid up in cash, or in both together, not less than twenty-five thousand dollars as a capital or guarantee fund • • •”

Presumably, the Association, at the time of its organization, did not have in hand \$25,000 wherewith to establish the required capital or guarantee fund.

It is true that this section of the District Code, regulating the business of insurance in the District of Columbia, provides—

“That nothing contained herein shall apply to any relief association, not conducted for profit, composed solely of officers and enlisted men of the United States Army or Navy, or solely of employees of any other branch of the United States Government service, or solely of employees of any individual, company, firm, or corporation.”

But Group Health Association could not take advantage of this, for it is not a “relief association,” but an insurance association, and, moreover, under what purport to be the by-laws of the Association, its membership is not to be made up solely of employees of the Federal Government. Members whose connections with the Federal Government have terminated are to have the right of continuous membership as long as they pay their dues and assessments. (By-Laws, Article 2, Section 6.) The Association is to give no “relief” within the legal meaning of that term; it is to do nothing more than discharge its legal obligations to its members under its membership agreement.

That an association organized and functioning as Group Health Association is, is carrying on the business of insurance and is subject to the laws of the District of Columbia regulating insurance and to the supervision of the Superintendent of Insurance for the District, was the conclusion reached by the Corporation Counsel of the District when called on to pass on the status of Group Hospitalization, Inc. Group Hospitalization, Inc.; the American Federation of Government Employees, Internal Revenue Lodge No. 47; and Women's Union of the Bureau of Engraving and Printing, Local 105, the two organizations last named being composed exclusively of government employees, and two others similarly situated were held by the Corporation Counsel without equivocation to be subject to the same regulations of law as apply to any other form of insurance company. The applicability of the Corporation Counsel's ruling to Group Health Association is clear when it is remembered that that Association, like Group Hospitalization, Inc.,

agrees in return for periodic payments of money to furnish hospital service in event of illness.

Only by incorporation, however, could the promoters of Group Health Association avoid personal liability for the debts and torts of the Association. Unable to qualify as a corporation carrying on the insurance business, and perhaps unwilling to submit to the supervision and control to which the insurance business is subjected, the organizers of Group Health Association, while still proposing to carry on the insurance business as defined in the District of Columbia Code, sought refuge under a provision of that Code that has no relation to insurance. Group Health Association was therefore "incorporated" under the provisions of the District of Columbia Code, 1929, Title 5, Chapter 5, authorizing the incorporation of benevolent, charitable, educational, literary, musical, scientific, religious and missionary organizations, including societies formed for mutual improvement or for the promotion of the arts. Nothing in the certificate of incorporation of Group Health Association suggests that it has any educational, literary, musical, scientific, religious or missionary aspirations or is intended for the promotion of the arts. It is difficult to discover any activity named in the certificate of incorporation of Group Health Association that by any possibility brings the organization within any other of the categories named above. The Association is not a benevolent or charitable organization; the poorest charwoman or laborer is to pay for the indemnity offered by the Association against loss through illness exactly the same dues or premiums that are to be paid by even the most wealthy officials and employees of the Federal Home Loan Bank Board and other government agencies, and nobody is to get anything whatever free under any circumstances. The Association cannot successfully claim the right to incorporate as a corporation for "mutual improvement" within the meaning of the Code, for any construction of the provisions of the Code that would permit such incorporation would leave the Code wide open for all manner of abuse; they could be used for the organization of morally and financially irresponsible finance, banking, insurance, business and professional corporations of all kinds, each organized for the "mutual improvement" of its members financially, through the exploitation of some other class or classes in the community, just as Group Health As-

sociation is. Such abuses would not be prevented by the fact that banking, insurance, and many other forms of business activity and the professions are strictly regulated by law; for the business of insurance and the practice of medicine in which Group Health Association proposes to engage are likewise strictly regulated by law, and if through incorporation as an organization "for mutual improvement" the Association could defeat the laws regulating insurance and the practice of medicine, other persons, differently incorporated, could defeat the laws relating to banking, insurance and other businesses and the laws relating to the professions other than medicine.

Aside from the obstacles in the way of the incorporation of Group Health Association pointed out above, there is a further obstacle. An organization cannot be lawfully incorporated to effect unlawful ends, and the certificate of incorporation filed by Group Health Association indicates clearly that one of its purposes, insurance, is unlawful if carried on under the provisions of the Code under which the Association professes to be incorporated, and its other purpose, the practice of medicine, is unlawful if carried on without a license such as the Association does not possess and cannot obtain either in the District of Columbia or in any State in which the Association proposes to practice.

That Group Health Association does propose to engage in the insurance business is apparent from an examination of the District Code, which provides that every corporation, joint stock company, or association not specifically exempted, which collects dues or assessments from its members and which provides for the payment of indemnity on account of sickness or accident shall be known as a health or accident insurance company or association and shall qualify accordingly. (District of Columbia Code, 1929, Title 5, Chapter 7, Section 179). Under its certificate of incorporation, Group Health Association is to collect dues or assessments from its members. In event of their illness or injury, or the illness or injury of any of their dependents, it is to pay indemnity in the form of medical, hospital and other services. The fact that indemnity is paid in the form of services and not in the form of cash, does not alter the situation. Without considering any of the legal principles by which this dictum may be supported, it must be clear even to any one that the payment of indemnity in services



releases the insured member of the Association from what otherwise would be his own obligation to pay in cash for such services, and thus releases his own cash for whatever use he desires to make of it. The payment of indemnity in services is therefore the equivalent of cash payment. **This principle is fully supported by the opinion of the Corporation Counsel for the District of Columbia, already referred to, in which he held that Group Hospitalization, Inc., which provides indemnity in the form of hospital service and not in cash, was engaged in the business of insurance and subject to the laws regulating that business.**

That Group Health Association proposes to practice medicine in the District of Columbia, Maryland, Virginia, and possibly in other States, is shown by its certificate of incorporation and by its by-laws. Its certificate of incorporation is a feebly disguised attempt on the part of the organizers to obtain authority for the Association, without liability on the part of its members, to treat its members and their dependents through hired servants and agents of the Association, for any and all manner of disease and injury, and its so-called by-laws elaborate on that plan. This certainly constitutes the practice of medicine by the Association, notwithstanding the fact that the Association is not and cannot be licensed so to practice. The United States District Attorney for the District of Columbia and the Corporation Counsel for the District have both held that a corporation cannot lawfully engage in the District of Columbia in the practice of a profession that requires licensure or registration as a condition precedent to lawful practice, even though the corporation undertakes to practice through licensed or registered agents. (Opinion of Leslie C. Garnett, United States District Attorney, to Board of Commissioners of the District of Columbia, September 27, 1934 (LCG/jn M-2511); Opinion of E. Barrett Prettyman, Corporation Counsel, to Board of Commissioners for District of Columbia, August 30, 1934 (C. C. C. 3.007/1); enclosed in letter from Dr. William G. Morgan, Washington, D. C., February 11, 1937.) If and when Group Health Association begins to practice medicine as proposed in its certificate of incorporation and its by-laws, the United States District Attorney and the corporation counsel for the District, in pursuance of the duties of their respective offices that they have sworn to perform, will be bound to take action to enforce the law.



From what has been said it is to be assumed that the attempt of the organizers of Group Health Association to incorporate is ineffective and that the members of the organization constitute only a voluntary association. If so, the members of the Association will have a certain personal liability for its debts and torts, notwithstanding the disclaimer in the certificate of incorporation.

### Financial Relations

The certificate filed by Group Health Association in the office of the Recorder of Deeds in the District of Columbia provides that the Association is to have no capital stock and is to render to its members and their dependents the services described therein, "without profit to the corporation" and without personal liability on the part of its members. The certificate is silent as to the sources from which the Association obtained the money necessary for its organization and establishment. It is silent also with respect to the sources from which it is to derive its operating income, except that it refers to members who have paid their "dues" and to members who have paid their "dues and assessments, if any." (Certificate, paragraphs Fourth and Seventh.) In the pamphlet containing what purports to be the by-laws of the Association, but which contains nothing to show that the members of the Association ever adopted them, provision is made for the payment of "dues" (By-Laws, Article 7, Section 1) and reference is made to the payment of "assessments" (By-Laws, Article 2, Section 6), but the formula for levying assessments and the limitations on them, if any, do not appear. These supposed by-laws provide, however, that they may be amended by the board of trustees at any time (By-Laws, Article 9, Section 1); and if this attempt to vest in the board of trustees supreme control over the affairs of the Association is effective, the board, at any "regular meeting or at any special meeting when the proposed amendment has been set out in the notice of said meeting," can amend the by-laws so as specifically to authorize assessments and can even at that same meeting levy on the members of the Association any assessment that it deems proper. Possibly, however, if Group Health Association is, in fact, a corporation organized, as it purports to be organized, under the provisions of the Code of the District of Columbia, 1929, Title 5, Chapter 5, the provisions that authorize the corporation itself, and not its

trustees, to make by-laws may sufficiently protect the interests of the members of the Association against incontinent and unreasonable assessments. The right of a corporation as such to delegate to the board of trustees or to any other body the discretion that is vested by the statute in the corporation itself, with respect to the making of by-laws is at least questionable, and it is hardly conceivable that a corporation could in any case effect such a delegation without the affirmative vote of every member. If a corporation can even by a majority vote of its members vest in its board of trustees such authority as these alleged by-laws purport to vest in the board of trustees of Group Health Association, the rights of a minority, however large it may be, rest on a rather tenuous basis.

**Federal Home Loan Bank Board.**—The sources of the money necessary to promote the organization of Group Health Association in the first place, to organize it, to provide it with necessary quarters and equipment and to guarantee operating costs long enough to determine whether the Association can or cannot become self-supporting, are secrets carefully guarded by the Federal Home Loan Bank Board and the Group Health Association. Whether this is because there are private interests behind the Association that are unwilling to have their connection with it disclosed, or because disclosure might uncover a precedent that would lead to embarrassing demands on the Federal Home Loan Bank Board by persons desirous of forming similar organizations in the field of medicine, dentistry, insurance, or social work, or simply because disclosure would subject the Board and the Association to annoying criticism, is not known. One prominent officer of the Federal Home Loan Bank Board, of the Home Owners' Loan Corporation, and of the Federal Savings and Loan Insurance Corporation (John H. Fahey, Congressional Directory, page 719 and pages 360, 361, and 364), who is a member of Group Health Association and has given it his particular blessing (U. S. News, August 23, 1937, page 7), is listed also as one of the trustees of the Twentieth Century Fund, Inc., of which Edward A. Filene of Boston is listed as president and trustee (American Foundations and Their Fields, Twentieth Century Fund, Inc., New York, 1935), but perhaps this has no significance.

No law has been found authorizing the Federal Home Loan Bank Board or any of its affiliated agencies to finance

by government loans private organizations such as Group Health Association.] Even if there were such authority, good judgement would hardly justify the making of such a loan in the entire absence of any likelihood of repayment, and there would seem to be no likelihood of the repayment by Group Health Association of any loan made to it under its present set-up. The dues of members of the Association are so low that it is hardly likely that it will ever be able to pay even operating expenses—provided, of course, it undertakes to furnish its members and their dependents with really first class medical and hospital service. So far as any available record shows, no provision has been made by the Association for the amortization of the initial costs of plant and equipment.

Possibly the contract between the Federal Home Loan Bank Board and Group Health Association, made apparently without advertisement or competitive bidding and carefully concealed from the public, may provide for payments to the Association by the Board so greatly in excess of the cost of the service that the Association is to render as to enable the Association to repay such advances as have been made by private interests, to pay for necessary quarters and equipment, and to protect the Association against loss from medical and hospital services rendered officers and employees of the Board and its affiliated agencies, and the dependents of such officers and employees. In any event, it has been admitted that the Home Owners' Loan Corporation has already appropriated an initial sum to enable Group Health Association to render services of some kind, to somebody, somewhere (Minutes of Special Meeting, *supra*, Penniman, pages 5-6), and according to newspaper reports the Federal Home Loan Bank Board has guaranteed an advance up to \$100,000 to get the Association under way (Washington Herald, August 25, 1937).

Dues and Assessments.—Under the by-laws of the Association "family membership" is available for "married or single members with dependents," as a cost of \$39.60 per annum payable in equal monthly installments. No limit is placed on the number of dependents on whom a "family member" can confer all benefits of the Association under this class of membership. "Individual membership" available for "married or single members having no declared dependents," is now priced at \$26.40 a year, payable monthly (By-Laws, Article 7, Section 1). The amount of the dues

can be changed at any time by the board of trustees (By-Laws, Article 9, Section 1). A "dependent" is defined as a person "totally dependent upon the member of the corporation for a livelihood at the time of such person's disability and before need of medical service" (By-Laws, Article 10, Section 7).

**Check-off on Government Payroll.**—The form of application for membership provided by Group Health Association offers the member the option of paying his dues personally or of assigning to the Association so much of his government salary as may be necessary for that purpose and requesting his "employer," the Government of the United States, to deduct semi-monthly the amount assigned and remit it to Group Health Association, Inc. As this assignment form is also an application for membership, and obviously belongs to the files of the Association an additional assignment form has been provided, presumably to be filed with the paymaster of the Federal Home Loan Bank Board or the particular affiliate of the board by which the member of the Association is employed. This form specifically assigns, sets over, and directs the Home Owners' Loan Corporation and the Federal Savings and Loan Insurance Corporation to pay Group Health Association the amount due to that Association, out of any salary or wages due or to become due to the member so long as membership continues. This establishes the check-off scheme commonly employed to hinder defections from the ranks of organizations that fear difficulty in maintaining membership and to impose on the employer the burden that properly belongs to the organization of providing a collection agency. Under the check-off system, a member who finds membership no longer advantageous cannot quietly and without explanation cause his membership to be terminated by the simple expedient of omitting payment of dues. He must take affirmative action and resign from the organization, with danger of loss of social standing among his fellows, and he must notify his employer that his membership has been terminated, with the possible loss of esteem by his superior officers if the organization happens to be a pet scheme that they are promoting. [That such will be the effect, even if it is not the purpose, of the adoption of the check-off scheme by the Federal Home Loan Bank Board and its affiliates and Group Health Association seems probable.]

It is well established, however, even at common law, that the assignment of government salaries is contrary to public policy. In the United States, the assignment of any claim that has not yet been earned is forbidden by statute and even after a claim has matured, it can be legally assigned, if it can be assigned at all, only by conforming with the conditions laid down by statute. (United States Code, 1934 Ed., Title 31, Sec. 203) and the provisions of this statute have been held to apply to government salaries. (3 Dec. Controller of Treasury, 22 op. atty. gen'l 637; Bliss v. Lawrence, 58 N. Y. 442.) So positive are the express and implied inhibitions against the assignment of federal salaries that when it was deemed desirable that employees of the Department of Agriculture (United States Code, 1934 Ed., Title 5, Chap. 9, Sec. 529) and of the Department of Commerce (United States Code, 1934 Ed., Title 5, Chap. 10, Sec. 595) be permitted to assign their salaries, it was deemed necessary first to procure authority by act of Congress, and even then the authority granted for assignments by employees of the Department of Commerce was expressly limited to assignments made while absent from Washington and employed in the field.

The check-off scheme planned by Group Health Association, with the apparent approval of the Federal Home Loan Bank Board and its affiliates, gives the premiums or dues that are payable to the Association priority over every other claim, moral or legal, against the salary of every member of the Association. [What this means can be seen when it is called to mind that] the association does not undertake to indemnify its members in cash, which would help the member to provide himself and his dependents, in time of sickness and in time of health, with the necessities of life, including medical service, but to indemnify him only in medical and hospital services, and then only to the extent that the board of trustees of the Association and its medical staff deem feasible in view of the resources of the Association at the moment and of the condition and location of the patient. Dues or premiums under the check-off system must be paid. The insured may use only the balance of his salary for such supplementary medical service as the Association does not provide, and for food, clothing, shelter, and drugs and other medical and surgical supplies, necessary for himself and his dependents. The hired physician of the Association is to be assured his wages through the check-off sys-



tem, even though food, medical and surgical supplies, and sometimes essential services, such as the use of radium and deep x-ray therapy, may have to be omitted because of the inability of the employee to provide them. This is in marked contrast with ordinary medical practice where the essentials of life and treatment for the patient and his dependents are obtained first, while the physician waits for his fee—and does so gladly when the circumstances of the patient so indicate.

If Group Health Association succeeds in establishing the check-off system as a proper and lawful way of insuring the payment of the present and prospective debts of government employees it will undoubtedly prove a boon to labor unions, finance corporations, merchants who do business on the installment plan, landlords and others, who under the law cannot attach or garnishee the salary of an employee of the Federal Government but who will be able to protect themselves in advance by demanding assignments of federal salaries as securities for debts. If Group Health Association is going to have the check-off system adopted by the Federal Government for its benefit, there is no reason why any and every other person, whether individual or corporate, may not claim the same privilege.

### Membership

The original certificate filed by Group Health Association in the office of the Recorder of Deeds of the District of Columbia makes eligible for membership all "employees of any branch of the United States Government Service other than officers and enlisted men of the United States Army and Navy." It makes no discrimination on account of race or color. Such employees number 840,159 (Congressional Record, July 27, 1937, page 9939) and are scattered throughout the entire civilized world. With their dependents, these employees would probably number 2,500,000 and provide a rather extensive field of medical practice for Group Health Association. The organizers of the Association, however, in what they call its by-laws, seek to handicap the civil employees of the Federal Government who are not employees of the Federal Home Loan Bank Board and its affiliated agencies, by providing that—

"In case persons other than employees of the Federal Home Loan Bank Board and agencies under its direction shall be designated as eligible for membership, such action

shall first have approval of a majority of the board of trustees and a majority of the members of the corporation present in person or by proxy at a regular or special meeting." By-Laws, Article 2, Section 1.

This restriction, however, like all others contained in the by-laws, is of little moment; the board of trustees can remove or modify it in any way they see fit, at any time.

Membership will be restricted geographically by the by-law by which members and their dependents, to be entitled to avail themselves of the medical services to be performed by the Association, must be located in the District of Columbia or within ten miles of its boundaries or must come to the city of Washington for advice and treatment, although the medical director may provide for house calls at points not exceeding twenty miles distant. The potential membership of the Association, however, even as thus geographically restricted will be considerably more than 115,912 (Congressional Record, July 27, 1937, page 9939). To determine the total load to be carried, the dependents of members must be added to the foregoing numbers, possibly an average of two dependents for each member.

The figures stated above show only the potential membership and load of Group Health Association. What the actual membership and load will be, no one can foretell. If, as has been alleged, there is an undue prevalence of illness among employees of the Federal Home Loan Bank Board or of some of its affiliated agencies, a fair number of the physically inferior employees may be expected to join the association. Employees, too, who now are deterred from claiming sick leave because of the expense of employing a physician to vouch for the sickness and to furnish the necessary certificate may join the Association because it furnishes an easy way to obtain such certificates practically gratis. Illness among the dependents of employees, particularly among those with large families, will tend to swell the membership rolls. As affecting the size of the membership, the standards that Group Health Association adopts in determining who may and who may not be a member will be a determining factor. If persons suffering from all manner of chronic diseases and infirmities are readily accepted for membership, employees may postpone applying for membership until they or one or more of their dependents are manifestly in ill health. Only experience

can determine the probable number of members of Group Health Association and of their dependents.

A circumstance that may hinder the growth of membership in Group Health Association is the absence of any obligation to secrecy on its part. A physician is bound by law and by the ethics of his profession to respect the confidences of his patient, and for that reason his patients trust him. The only limit on disclosure by Group Health Association, however, is the law of libel and slander. The fact that the agents of the Association are physicians and are primarily bound to secrecy by the same rules of law and principles of ethics as are other physicians will afford no protection to the patient, since the members of the Association do not employ those physicians to render medical services but employ the Association.

The physicians employed by Group Health Association are primarily the servants and agents of the Association. The records made by them as servants and agents of the Association belong to the Association. Their primary duty is to the Association, not to the patient. They must abide by the terms of their contracts of employment, and those contracts presumably require conformity and compliance with the by-laws and rules of the Association. The by-laws and rules of the Association expressly provide that—

“The Medical Director shall render such reports as the Board of Trustees shall require.” (By-Laws, Article 5, Section 6.)

Obviously, under this provision of the by-laws, the board of trustees, which includes two representatives of the Federal Home Loan Bank Board, can call for any disclosure whatever concerning the activities of the medical director and physicians and nurses working under his direction, and use, free from any obligation to secrecy, the information thus obtained.

A member of Group Health Association, as one of the conditions of membership, seems to waive, in favor of the Association, his right to professional secrecy on the part of any physician-employee of the Association who attends him, and impliedly his dependents, in accepting the services of such physician-employee, likewise waive their right to secrecy.

### Area to Be Served.

If it is difficult to determine the future membership of Group Health Association, it is not so difficult to determine the extent of the area over which it plans to extend even its initial activities. As we have seen, the certificate of incorporation contemplates apparently world-wide service. The by-laws, however, propose to limit the area covered by providing that—

“To be able to avail themselves of medical and surgical service, the members or dependents must be located in, or within ten miles of the District of Columbia line, or must come to the City of Washington, D. C., except that the Medical Director may provide for house calls not exceeding twenty miles. (By-Laws, Article 10, Section 6.)

This area covers the entire District and considerable areas in Maryland and Virginia and is bisected by the Potomac river.

The District of Columbia alone covers somewhat more than sixty square miles. An area including the District of Columbia and the territory within ten miles of its boundaries comprises approximately seven hundred and fifty square miles. The territory including the District of Columbia and the region within twenty miles of its boundaries covers approximately nineteen hundred and fifty square miles. It is obvious that to serve even the normal area, covering the District of Columbia and the territory within ten miles of its boundaries, about 750 square miles, will call for the establishment of clinical centers at various points and for liberal provisions for transportation of physicians and nurses and ambulance service. This is based on the announced plan of the Association of operating through salaried full-time physicians and not through local physicians paid on a fee basis. The increased difficulties of the situation if a serious effort is to be made to cover the District of Columbia and an area within twenty miles of its boundaries is apparent.

### Benefits or Indemnity Offered.

Group Health Association proposes to provide its members and their dependents with medical and hospital service. This is to be done through a salaried full-time medical staff, supplemented by a few part-time specialists, through

contracts with hospitals, and through nurses when circumstances so require. The medical staff is normally to make home and hospital visits over an area of about 750 square miles and, at the discretion of the medical director, over an area of 1950 square miles. Patients are to be encouraged, however, to present themselves at a central clinic for treatment. In such an ambitious, untried project, it is not surprising that the board of trustees should have reserved the right to itself and to its medical staff to limit the service rendered whenever either the board or the medical staff sees fit. The Association has been careful not to obligate itself to furnish service of any definite kind or quantity. The so-called by-laws of the Association expressly provide that—

“Section 4. The corporation will not assume responsibility for furnishing unlimited medical service to members but will do so only to the extent of its resources.

“Section 5. The Trustees shall have the right to determine and modify the extent of the service to be furnished to members at any time they may decide to do so upon written notice to the members to that effect given fifteen (15) days prior to any such change.” By-Laws, Article 10, Sections 4 and 5.

To one familiar with the City of Washington and its environs, the question necessarily arises as to how Group Health Association has solved or proposes to solve the race question. Certainly government officers and employees and their dependents cannot be denied membership in the government-financed Group Health Association simply because they are of African descent. But Washington and vicinity are sufficiently far South to make the drawing of the color line in the service rendered and the refusal to draw such a line each likely to arouse bitter controversy. The solution of the problem will be watched with interest.

Before considering the service or indemnity that Group Health Association promises its members and their dependents—always subject to the will of the board of trustees and its medical staff—it will be well to consider definitely what it will not do or will do only conditionally. The Association will not treat members who suffer from industrial accidents, nor will it perform any surgery on the brain or nervous system. (By-Laws, Article 10, Section 2.) It will not treat venereal diseases, except at the personal expense



of the patient, at the rate of 50 cents per treatment. (By-Laws, Article 10, Section 3.) The Association will not treat a member or any of his dependents if the medical director has recommended confinement to an institution for mental or tubercular disease or drug or alcohol addiction. (By-Laws, Article 10, Section 2.) It will not provide its members with (1) dental treatment; (2) medicines; (3) surgical appliances, orthopedic devices, crutches, or artificial limbs; (4) eyeglasses or eyes [sic]; (5) hearing devices; (6) radium or deep x-ray treatment; (7) oxygen tanks and tents and materials; (8) blood transfusions; (9) special nursing service, unless ordered by the medical director; (10) treatment, services, supplies, and items of any kind prescribed or ordered by a physician not in the service of the Association; nor (11) any expense of hospitalization in excess of that allowed by the Association. The Association will, however, endeavor to procure such merchandise and services for members and their dependents at reduced rates. (By-Laws, Article 10, Section 3.) Additional limitations on any and all services and merchandise furnished by the Association may be imposed by the board of trustees at any time on fifteen days notice (By-Laws, Article 10, Section 5), and in any individual case the medical director or his representative is authorized to determine and prescribe the extent of the medical service to be rendered.

Subject to all the limitations and qualifications stated above, and such further limitations and qualifications as the board of trustees and the medical director and his representatives may impose, the Association offers its members and their dependents in return for the fees paid—

“Medical and surgical examinations and treatments, including examinations in special departments, such as refractions of eyes; laboratory test, x-ray examinations, surgical operations, confinement cases and professional consultations; nursing and ambulance facilities, house calls, and hospitalization in a semi-private room (2 bed room) limited to a period not to exceed 21 days for any one illness. However, members desiring to occupy a private room may do so, in which case the corporation will contribute the sum of \$4.00 per day toward the expense of such room for such period. In all hospital cases, the corporation will pay for semi-private room (2 bed room) service only, except in the case of infectious or contagious diseases, in which cases a

maximum of \$4.00 per day will be paid for said period, not exceeding 21 days." By-laws, Article 10, Section 1.

So far as can be learned from the certificate filed by Group Health Association and from its by-laws, no member of the Association and no dependent of a member is to have any freedom of choice of his physician. Obviously, this must be so, for with a limited, salaried, full-time medical staff, operating over an area of 750 square miles or more, it would be impossible for each staff member to cover the entire area daily, to satisfy the desires of members scattered over the entire area. It is understood that the Association will not object to a member or a dependent of a member being treated at his own expense, by a physician not in the service of the Association. Inasmuch as the members of the salaried staff of the Association are likely to be looked on by the profession generally in the community as on the outer verge of ethical practice, if not altogether beyond the pale, it is not clear how they are to obtain qualified consultants or procure hospital service for their patients.

The promoters of Group Health Association may or may not be identical with the anonymous proponents of "A Plan for a Cooperative Medical Service" who issued the unsigned prospectus that preceded the organization of the Association, but the views of those who issued that prospectus with respect to the relation of physician and patient are worthy of record—

"The pros and cons of provision of service by a staff of salaried physicians have been carefully considered. The disadvantage of salaried service is that it does not permit the patient to go to any physician he may select, but limits his choice to the physicians who are members of the staff. It is believed that this disadvantage is at a minimum in the case of the population of Federal employees, since many, being newcomers to the city, have not affiliations of long standing with physicians. In any case, the disadvantage is more apparent than real. Actually, the average layman generally chooses his physician on the basis of hearsay and is not qualified to judge competence. With a salaried staff, the patient receives care from a selected group of physicians, chosen by a chief of staff on the basis of their professional qualifications and competence. Furthermore,

only in salaried, group practice is it possible to have a desirable degree of professional supervision of service and ready consultation of one physician with another. Finally, only on this basis can the economies flowing from organization be achieved." Prospectus, pages 7-8.

Obviously, the qualifications of "a selected group of physicians," even though "chosen by a chief of staff on the basis of their professional qualifications and competence," will depend on the salaries that the chief of staff can offer, on security and duration of tenure, and on the assurance of good professional standing in the community. Whether the medical director in Washington, even if the salaries offered and the terms of employment are such as to bring out really qualified applicants, will be able to choose a staff on the basis of professional qualification and competence alone and free from political and social influence and from the influence of the private financial supporters of the scheme, is doubtful.

No announcement has been made at present writing of the medical staff, beyond the appointment of Henry R. Brown, M. D., formerly of the Veterans' Administration, as medical director. No announcement has been made of the hospitals in which the Association proposes to provide accommodations for its members and their dependents. Quarters for a clinic or laboratory have been rented in the business district of Washington, but are not yet equipped. The date originally proposed for inaugurating active medical and hospital service, September 1, has been set ahead indefinitely.

### Conclusions

There is no reason to believe that Group Health Association, even if it could lawfully engage in the insurance business and the practice of medicine as it proposes to do, could materially reduce the absence rate among officers and employees of the Home Owners' Loan Corporation or its related agencies. Absences on account of illness might even be increased, for a medical certificate would cost nothing. A physician cannot always deny that a man has a disabling headache or a woman, a disabling menstrual period.

Since there is no evidence to show that government employees are unable to pay for medical services—there is no reason for believing that the cheapening of medical service

will make him more likely to seek medical aid. There is no reason to believe that the character of medical service under the Group Health Association plan can be kept at the same average level of quality as that prevailing in private practice. Especially would quality be likely to fail in times of epidemics and of any unusual prevalence of disease, when the limited medical staff of the Association would be overworked and could find no relief. In any event, medical service under the Association would be likely to be handicapped by difficulty likely to be experienced in obtaining the best consultant service and hospital accommodations. Physicians who sell their services to an organization like Group Health Association for resale to patients are **status**

certain to lose professional caste [and therefore may be looked on askance when they seek consultants or the right to treat patients in reputable hospitals.]

The probable results on the medical profession of the successful operation in the District of Columbia and vicinity even of a single organization such as Group Health Association cannot be estimated, because of the peculiar situation of the District. [The population of the District was 486,869 in 1930 (Chicago Daily News Almanac, 1937, page 130). The activities of Group Health Association, however, are to extend normally over all the area within ten miles of the boundaries of the District, and in some cases they may extend to a distance of twenty miles, and the population of the area thus to be served outside the District is not known. The number of physicians in the District of Columbia, as shown by the latest edition of the American Medical Directory, is 1,998, but of this number 439 are in the government services and many are not actively engaged in practice. On the other hand, in the areas in Maryland and Virginia to be served by the Association there is an unknown number of practitioners. Any effort toward a statistical presentation of the situation must take into consideration that a large number of persons are lawfully entitled, generally or under special circumstances, to medical treatment by government physicians and in hospitals owned and operated by the Government, such as officers and enlisted men of the Army, the Navy, and the Marine Corps, officers of the Public Health Service, veterans of the World War and other wars, all government employees injured or suffering from disease by reason of their duties, and the police and firemen of the District of Columbia.]

[Disregarding the disturbing factors set forth above, however, we find that] out of a total population of 486,869 in the District of Columbia, 115,912 are civil employees of the United States Government, and of these, 2,517 are employees of the Federal Home Loan Bank Board and its affiliated agencies. If to these persons, all of whom are eligible for membership in Group Health Association, we add their dependents, allowing an average of two dependents for each employee, we have a total of 347,736 persons out of a total population of 486,869 that the promoters of Group Health Association, according to their certificate of incorporation, seek to withdraw from the ordinary practice of medicine and to cover into a group health insurance contract-practice system and treat through physicians hired for that purposes. The effect of the withdrawal from private practice of even one-half that number of persons, all of whom are able to pay for medical services, would materially diminish the incomes of physicians in private practice in the District of Columbia and render it necessary for them to increase their charges or to sacrifice the practices they have built up and go elsewhere. Either event might easily react against public interest.

Under the scheme proposed by Group Health Association, far greater benefits will accrue to the richer and more liberally paid employees of the Federal Home Loan Bank Board and its affiliates and of such other government agencies as may identify themselves with the scheme than to employees of more meager resources. The scheme is so planned that the richer and more liberally paid employees are to obtain medical services at rates based on the incomes of the poorest employees. The courts have repeatedly held that the value of medical services rendered to a patient may be properly appraised in relation to his wealth, just as the value of legal services are commonly appraised in relation to the value of the interests that the lawyer is called on to protect, whether interests involving the life of his client or his client's property. Under the present scheme, fees that are charged for medical services to the richer and more liberally paid employees are to be identical with those charged employees of the lowest grade, doing part time work. The richer and more highly paid and influential employees are therefore to gain the most financially by this scheme, and nothing in the certificate of incorpora-



tion or by-laws assures to those lower in the ranks that they will receive the same quantity and class of medical service as that provided for their superiors.

#### Insert 2, Galley 9

The population of the District was 486,869 in 1930. The activities of Group Health Association, however, are to extend normally over all the area within ten miles of the boundaries of the District, and in some cases they may extend to a distance of twenty miles, and the population of the area thus to be served outside the District is not known. The number of physicians in the District of Columbia, as shown by the latest edition of the American Medical Directory, is 1,998, but of this number 439 are in the government services and many are not actively engaged in practice. On the other hand, in the areas in Maryland and Virginia to be served by the Association there is an unknown number of practitioners. Any effort toward a statistical presentation of the situation must take into consideration that a large number of persons are lawfully entitled, generally or under special circumstances, to medical treatment by government physicians and in hospitals owned and operated by the Government, such as officers and enlisted men of the Army, the Navy, and the Marine Corps, officers of the Public Health Service, veterans of the World War and other wars, all government employees injured or suffering from disease by reason of their duties, and the police and firemen of the District of Columbia.

#### Insert 1, Galley 7

A circumstance that may hinder the growth of membership in Group Health Association is the absence of any obligation to secrecy on its part. A physician is bound by law and by the ethics of his profession to respect the confidences of his patient, and for that reason his patients trust him. The only limit on disclosure by Group Health Association, however, is the law of libel and slander. The fact that the agents of the Association are physicians and are primarily bound to secrecy by the same rules of law and principles of ethics as are other physicians will afford no protection to the patient, since the members of the Association do not employ those physicians to render medical services but employ the Association.

Gov. Ex. 307

(Columbia Hospital)

## Questionnaire

1. What communication has your hospital had from Group Health Ass., Inc.? Asking to admit pts. & privileges for Dr. Selders.

2. What reply has your hospital made to Group Health Association, Inc.? Will admit pts—Dr. Selders must apply—

3. Which, if any of the following Doctors, are now members of your Medical Staff, in any capacity, or have privileges to practice in your hospital?

Dr. Henry Rolf Brown, None

Dr. R. Stephen Hulburt

Dr. Allan E. Lee

Dr. Raymond E. Selders

Dr. Mario Scandiffo

Dr. Edmond D. Wells

4. Is your hospital in sympathy with the policies of The Medical Soc. of D. C.? Yes.

5. Is the entire Medical Staff of your hospital reappointed annually? Yes.

6. Are appointments to the Medical Staff of your hospital approved by The Medical Staff? Yes.

7. What governing body of your hospital finally makes appointments to The Medical Staff? Bd. of Directors.

8. Does your hospital require membership in the Medical Society of D. C. as a qualification for appointments to it's Medical Staff? No.

9. What percentage of the entire Medical Staff of your hospital are members of the Medical Soc. of D. C.? Practically 100%.

10. Does your hospital require membership in the A. M. A. as a qualification for appointment to it's Medical Staff? No.

11. What percentage of the entire Medical Staff of your hospital are members of the A. M. A.? No?

12. Is your hospital a beneficiary of Community Chest funds? Yes.

13. Will you kindly make any other inquiry that you think might be pertinent at this time?

Gov. Ex. 351

December 14, 1937.

Dr. W. A. Bloedorn, Medical Director, The George Washington University Hospital, 1339 H Street, N. W., Washington, D. C.

DEAR DR. BLOEDORN:

Under date of November 15th I returned to you the application of D. Raymond E. Selders, Surgeon, attached to the staff of the Group Health Association, for permission to be placed on the courtesy staff of the George Washington University Hospital.

While we do not desire to appear impatient, the urgency of this matter prompts us to inquire whether or not the Committee on Hospital Privileges has as yet had an opportunity to render a decision on this application.

Your prompt reply will be very much appreciated.

Yours very truly, William F. Penniman, President.

SKB:RB

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Gov. Ex. 357

Sibley Memorial Hospital  
and

Lucy Webb Hayes Nurse Training School

1140 North Capitol Street

Washington, D. C.

November 17, 1937

Mr. William F. Penniman, President, Group Health Association, 1328 Eye Street, N. W., Washington, D. C.

MY DEAR MR. PENNIMAN:

Your letter of November 8, 1937 addressed to Sibley Memorial Hospital has been presented to the Local Board of Directors for consideration of the requests contained therein.

Inasmuch as the granting of these requests would necessitate a complete revision of the rules and regulations cov-

ering the admission and treatment of patients, the Local Board of Directors feels that the problem should be maturely studied before coming to a conclusion. Therefore by unanimous vote the Local Board of Directors instructed the Acting Chairman to appoint a special committee of three to thoroughly investigate and study the whole question.

The entire matter with recommendations will then be referred back to the Local Board of Directors for such action as they may deem necessary or advisable and you will be informed of its decision.

Very sincerely yours, Lewis H. Taylor, President  
of Sibley Memorial Hospital.

LHT/nm.

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Gov. Ex. 384

July 28, 1938.

Capt. Chester Wells, President, Board of Trustees, Columbia Hospital, 25th and L Streets, N. W., Washington, D. C.

MY DEAR CAPTAIN WELLS:

In view of Justice Bailey's decision yesterday establishing the legality of Group Health Association, Inc., it is respectfully requested that Dr. Raymond E. Selders, a member of our staff, be admitted to the courtesy staff of Columbia Hospital, and that he may attend members of this Association admitted as patients there.

We shall appreciate the courtesy of an early reply.

Very truly yours, W. C. Kirkpatrick, President.

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Gov. Ex. 393

July 28, 1938.

Mr. Gist Blair, President, Board of Trustees, New Emergency Hospital, 1711 New York Avenue, N. W., Washington, D. C.

MY DEAR MR. BLAIR:

In view of Justice Bailey's decision yesterday establishing the legality of Group Health Association, Inc., it is

respectfully requested that Dr. Raymond E. Selders, a member of our staff, be admitted to the courtesy staff of New Emergency Hospital, and that he may attend members of this Association admitted as patients there.

We shall appreciate the courtesy of an early reply.

Very truly yours, W. C. Kirkpatrick, President.

July 28, 1938.

Received letter from Group Health Association, Inc.

Mr. Gist Blair, President, Board of Trustees, New Emergency Hospital, 1711 New York Avenue, N. W. Washington, D. C. By E. Rose, Secy. to Supt., Emergency Hosp.

Gov. Ex. 398

February 2, 1938.

Dr. W. A. Bloedorn, Medical Director, The George Washington University Hospital, 1339 H Street, N. W., Washington, D. C.

MY DEAR DR. BLOEDORN:

Please refer to your letter of November 11, 1937, addressed to Mr. William F. Penniman, and also Mr. Penniman's reply of November 15, 1937, relative to an application of Dr. Raymond E. Selders, a surgeon on the staff of Group Health Association, Inc., for privileges of the courtesy staff of The George Washington University Hospital.

This matter is one of great importance to us and we would very much appreciate having a reply from you as to what action has been taken by the Committee on Hospital Privileges.

Very sincerely yours, W. C. Kirkpatrick, President.

WCK:bj.

Gov. Ex. 399

July 28, 1938.

Dr. W. A. Bloedorn, Medical Director, George Washington University Hospital, 1339 H Street, N. W., Washington, D. C.

MY DEAR DOCTOR BLOEDORN:

In view of Justice Bailey's decision yesterday establishing the legality of Group Health Association, Inc., it is re-



spectfully requested that Dr. Raymond E. Selders, a member of our staff, be admitted to the courtesy staff of George Washington University Hospital, and that he may attend members of this Association admitted as patients there.

We shall appreciate the courtesy of an early reply.

Very truly yours, W. C. Kirkpatrick, President.

July 28, 1938.

Received letter from Group Health Association, Inc.

Dr. W. A. Bloedorn, Medical Director, George Washington University Hospital, 1339 H Street N. W., Washington, D. C. By E. Nichols.

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Gov. Ex. 426

Sibley Memorial Hospital

and

Lucy Webb Hayes Nurse Training School

1140 North Capitol Street

Washington, D. C.

Lewis H. Taylor, M. D., President

Miss Edith V. Youngquist, Treasurer

Mrs. Helen Shoemaker, R. N., Acting  
Superintendent of Nurses

August 2, 1938.

Mr. Howard F. Vickery, Room 765, Federal Home Loan Bank Board, 1st Bet. Ind. Ave. and D Streets, N. W., Washington, D. C.

MY DEAR MR. VICKERY:

Receipt is acknowledged of United States Postal Money Order No. 41046 in the sum of \$15.35, payable to the order of Sibley Hospital, dated August 1, 1938, which has been received from you on account of your bill at Sibley Hospital. Receipt for said payment is forwarded to you herewith.

Together with said Postal Money Order we have received from you check No. 1087 of Group Health Association, Inc.

dated July 18, 1938, in the sum of \$19, payable to the order of Howard F. Vickery and Sibley Memorial Hospital. At the present time we have no contractual relationship with Group Health Association, Inc. whereby that association assumes the hospital payments for its members who are admitted to this hospital, although application for such privilege is now under consideration by our Board of Directors. In your admission to the hospital you assumed personal responsibility for your account. In view of the fact that we have no contractual relationship with the Group Health Association, Inc., we are returning said check to you herewith and request that the balance of your account to this hospital in the sum of \$19 be paid by you either by your personal check or United States Money Order.

Very truly yours, Lewis H. Taylor, M.D., President.

LHT:CR.  
Inc.

August 4, 1938.

Sibley Memorial Hospital, 1140 North Capitol Street, Washington, D. C.

DEAR SIR:

This is to advise you that Group Health Association, Inc. has been by me requested to make payment to you of the indebtedness due you of \$19.00 arising out of your recent services to Howard F. Vickery.

If, for any reason you do not accept the tendered payment, you will kindly advise Group Health Association, Inc. the basis of your refusal as I expect to leave settlement of this indebtedness entirely with the Association, and have given it full authority to act for me in the premises.

Gov. Ex. 427

August 5, 1938.

Dr. Lewis H. Taylor, President, Sibley Memorial Hospital,  
1140 North Capitol Street, Washington, D. C.

DEAR DR. TAYLOR:

This will refer to your letter of August 2, 1938 addressed to Mr. Howard F. Vickery with which you return our check

#1087 in the amount of \$19.00 for Board, Drugs and Laboratory Service to Mr. Howard F. Vickery, a member of Group Health Association, Inc. The check in question is returned herewith together with a request signed by Mr. Vickery that you accept the check as tendered:

Very truly yours, W. C. Kirkpatrick, President.

Encs.

WCK:BJ

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Gov. Ex. 428

Sibley Memorial Hospital  
and

Lucy Webb Hayes Nurse Training School

1140 North Capitol Street

Washington, D. C.

Lewis H. Taylor, M.D., President

Miss Edith V. Youngquist, Treasurer

Mr. Helen Shoemaker, R. N., Acting Superintendent of  
Nurses

August 12, 1938.

Mr. Howard F. Vickery, Apartment 401, Corcoran Courts,  
Washington, D. C.

MY DEAR MR. VICKERY:

Receipt is acknowledged of your letter of August 5, 1938, enclosing check of Group Health Association No. 1087, in the amount of \$19 payable to the order of Sibley Memorial Hospital. Said check is returned to you herewith.

It is requested that you pay the amount of your indebtedness to this hospital in cash.

Yours very truly, Lewis H. Taylor, M.D., President.

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Gov. Ex. 429

August 18, 1938.

Dr. Lewis H. Taylor, President, Sibley Memorial Hospital,  
1440 North Capitol Street, Washington, D. C.

DEAR DR. TAYLOR:

This will refer to your letter of August 12, 1938, addressed to Mr. Howard F. Vickery, Apartment 401, Cor-

coran Courts, Washington, D. C., which letter has been referred to the writer for attention by Mr. Vickery.

Mr. Vickery has previously notified you that this Association is acting in his behalf with respect to the hospital bill amounting to \$19.00 due you.

You will find enclosed our check #1087, which was previously forwarded to you and which was returned with your letter to Mr. Vickery, now duly certified by the Riggs National Bank.

If for any reason you do not see fit to accept this certified check, advice as to the basis of your refusing to do so will be appreciated.

You can readily understand the considerable trouble which would be involved in making a formal legal tender in cash to you of the amount in question. I feel certain that your attitude will not be such as to require us to resort to this extremity.

Very truly yours, W. C. Kirkpatrick, President.

WCK:mfg

Gov. Ex. 430

Sibley Memorial Hospital

and

Lucy Webb Hayes Nurse Training School

1140 North Capital Street

Washington, D. C.

Lewis H. Taylor, M. D., President

Miss Edith V. Youngquist, Treasurer

Mrs. Helen Shoemaker, R. N., Acting Superintendent of Nurses

August 30, 1938.

Mr. Howard F. Vickery, c/o Mr. W. C. Kirkpatrick, Pres.,  
Group Health Association, Inc., 1427 Eye Street, N.W.,  
Washington, D. C.

DEAR MR. VICKERY:

Receipt is acknowledged of a letter of Group Health Association, dated August 28, 1938, with the enclosure being a

certified check in the amount of \$19.00 therein referred to. Said letter purports to have been sent in your behalf.

The check is returned to you herewith, with the request, as previously made in our letter addressed to you under date of August 12, 1938, that you pay the amount of your indebtedness to this Hospital in cash.

Yours very truly, Lewis H. Taylor, M.D., President.

LHT:CR  
Enclosure

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Gov. Ex. 358

November 18, 1937.

Dr. Lewis H. Taylor, President, Sibley Memorial Hospital,  
1140 N. Capitol Street, N.W., Washington, D. C.

MY DEAR DR. TAYLOR:

I acknowledge with thanks your courteous letter of November 17th, relative to the request contained in my letter to you of November 8th.

I note that by unanimous vote the Local Board of Directors instructed the Acting Chairman to appoint a special committee of three to thoroughly investigate and study the whole question, and that the entire matter with recommendations will then be referred back to the Local Board of Directors for such action as they may deem necessary or advisable. In view of your statement that inasmuch as the granting of these requests will necessitate a complete revision of the rules and regulations covering the admission and treatment of patients, I cannot help but feel that the approach by the Local Board of Directors is both logical and sound.

In this connection, may I say that if the Officers, Trustees or Members of the Medical Staff of the Group Health Association can be of any assistance to the Special Committee, to the end that they may reach a proper conclusion after being informed of all of the facts and circumstances, we will be very happy to have you let us know. Furthermore, the Officers, Trustees and Members of the Medical Staff of the Group Health Association would be pleased to have the members of the Special Committee visit and in-



spect the Clinic, which is located at 1328 Eye Street, N.W., at any time convenient to them.

With very sincere regards, I am

Cordially yours, William F. Penniman, President.

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Gov. Ex. 365

Group Health Association

Incorporated

1328 Eye Street, N. W.

Washington, D. C.

November 8, 1937.

Mr. Henry P. Blair, Chairman, Executive Committee, Episcopal Ear, Eye, Nose and Throat Hospital, 801 Colorado Building, Washington, D. C.

DEAR MR. BLAIR:

For your information, I am attaching hereto a copy of a letter addressed to the Episcopal Ear, Eye, Nose and Throat Hospital, requesting permission to admit patients who are members of the Group Health Association to the hospital upon the request of the Medical Director.

Also, a request to permit Dr. Raymond E. Selders, Surgeon, who is attached to the staff of the Group Health Association, to attend these patients while hospitalized.

For your further information, there is attached a record of Dr. Selders' education, training and experience.

Your assistance in obtaining prompt and favorable action will be very much appreciated.

Very truly yours, William F. Penniman, President.

Encls.

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Gov. Ex. 383

February 2, 1938.

Colonel P. M. Ashburn, Superintendent, Columbia Hospital for Women, 25th & L Streets, N. W., Washington, D. C.

DEAR COLONEL ASHBURN:

I have before me your letter of December 15, 1937, addressed to Mr. William F. Penniman. In your letter you

stated that the Medical Board of your hospital would meet on December 23 to make a recommendation with respect to the application of Dr. Raymond E. Selders for privileges of the courtesy staff of your hospital.

The purpose of this letter is to ask whether or not consideration of Dr. Selders' application has yet been had.

We will appreciate very much receiving a reply from you.

Very sincerely yours, W. C. Kirkpatrick, President.

WCK:bj.

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Gov. Ex. 439

July 28, 1938.

Very Rev. Arthur A. O'Leary, S.J., President, Georgetown University, Washington, D. C.

MY DEAR FATHER O'LEARY:

In view of Justice Bailey's decision yesterday establishing the legality of Group Health Association, Inc., it is respectfully requested that Dr. Raymond E. Selders, a member of our staff, be admitted to the courtesy staff of Georgetown University Hospital, and that he may attend members of this Association admitted as patients there.

We shall appreciate the courtesy of an early reply.

Very truly yours, W. C. Kirkpatrick, President.

July 28, 1938.

Received letter from Group Health Association, Inc.

Very Rev. Arthur A. O'Leary, S.J., President, Georgetown University, Washington, D. C. By H. Dolan.

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Gov. Ex. 444

July 28, 1938.

Mr. Fred McGee, President, Board of Trustees, National Homeopathic Hospital, Second and D Streets, N. W., Washington, D. C.

MY DEAR MR. MCGEE:

In view of Justice Bailey's decision yesterday establishing the legality of Group Health Association, Inc., it is

respectfully requested that Dr. Raymond E. Selders, a member of our staff, be admitted to the courtesy staff of National Homeopathic Hospital, and that he may attend members of this Association admitted as patients there.

We shall appreciate the courtesy of an early reply.

Very truly yours, W. C. Kirkpatrick, President.

July 28, 1938.

Received letter from Group Health Association, Inc.

Mr. Fred McGee, President, Board of Trustees, National Homeopathic Hospital, Second and D Streets, N. W. By E. Cox.

Gov. Ex. 448

February 2, 1938.

Dr. C. C. Caylor, Secretary, Providence Hospital, 2nd and D Streets, S. E., Washington, D. C.

MY DEAR DR. CAYLOR:

This will refer to your letter of November 18, 1937, addressed to Mr. William F. Penniman, and also to Mr. Penniman's reply of December 14, 1937, both of which refer to an application of Dr. Raymond E. Selders, a member of the staff of Group Health Association, Inc., for privileges of the courtesy staff at Providence Hospital.

Inasmuch as this question is of great importance to us, we would very much appreciate receiving some word from you as to what action has been taken by the Committee on Surgical Privileges referred to in your letter of November 18, 1937.

Very sincerely yours, W. C. Kirkpatrick, President.

WCK:bj.

Gov. Ex. 449

July 28, 1938.

Sister M. Rosa, Acting President, Board of Trustees, Providence Hospital, Second and D Streets, S. E., Washington, D. C.

MY DEAR SISTER ROSA:

In view of Justice Bailey's decision yesterday establishing the legality of Group Health Association, Inc., it is respectfully requested that Dr. Raymond E. Selders, member of our staff, be admitted to the courtesy staff of Providence Hospital, and that he may attend members of this Association admitted as patients there.

We shall appreciate the courtesy of an early reply.

Very truly yours, W. C. Kirkpatrick, President.

July 28, 1938.

Received letter from Group Health Association, Inc.

Sister M. Rosa, Acting President, Board of Trustees, Providence Hospital, Second and D Streets, S. E., Washington, D. C. By S. Finan.

Gov. Ex. 462

Group Health Association

Incorporated

1328 Eye Street, N. W.

Washington, D. C.

March 1, 1938.

Casualty Hospital. To Officers and Trustees of the Hospitals of Washington, D. C.

DEAR SIRS:

There are approximately five thousand citizens of Washington representing 19 agencies of the United States Government who have joined together to obtain medical treatment and hospitalization through the facilities of Group

Health Association, Inc. A crisis has developed due to the fact that the members of this group are being denied treatment by licensed physicians and surgeons of their own choice in the hospitals of the District of Columbia.

Since the organization of Group Health Association, Inc., in November, 1937, sincere effort has been made to secure the cooperation of hospitals in Washington. To date, no action has been taken by this Association which might react unfavorably against the hospitals. Unfortunately however, these efforts have not met with success and it is the opinion of this group that it is being discriminated against unjustly.

It is hoped that a greater mutuality of understanding will result in a better spirit of cooperation. To this end you are invited to attend a meeting on Thursday night, March 3rd, to be held in Room A, Interstate Commerce Commission Building; at eight o'clock. Room A is on the first floor of the Interstate Commerce Commission Building on Constitution Avenue near the corner of Constitution Avenue and 12th Street, N. W.

This invitation is extended to the trustees, superintendents and heads of medical staffs of the Washington hospitals in a friendly effort to cooperate in the interests of citizens and their dependents who are members of this voluntary association.

Sincerely yours, (Signed) R. T. Berry, Secretary.

Gov. Ex. 470

The Medical Society of the District of Columbia  
Successor (1911) to the Medical Society of the District of  
Columbia, Founded September 26, 1817, and the Medical  
Association of the District of Columbia, Founded Jan-  
uary 11, 1833.

1718 M Street  
Washington

Office of Secretary-Treasurer.

December 2, 1937.

Chief of Staff, Georgetown University Hospital, 35th and  
N Streets, Northwest, Washington, D. C.

DEAR DOCTOR:

Pursuant to formal action of the Medical Society of the



District of Columbia, in session on the evening of December 1, 1937, the attached resolution is sent you.

Very truly yours, (Signed) C. B. Conklin, M.D.,  
Secretary.

CBC/dw. Encl.

The Medical Society of the District of Columbia

1718 M Street

Washington

Resolution adopted by the Society, in session on the evening of December 1, 1937:

Resolved, That as a matter of educational policy the Medical Society of the District of Columbia strongly recommends that all hospitals engaged in the teaching and training of residents, interns, and nurses, where possible, follow the recommendation of the American Medical Association regarding the constitution of their entire Medical Staffs, namely, that each appointee be a member of the Medical Society of the District of Columbia or a local medical society in this immediate neighborhood and a member of the American Medical Association.

Gov. Ex. 471

Georgetown University Hospital  
Washington, D. C.

November 18, 1937.

Secretary, District Medical Society, 1718 M Street N. W.,  
Washington, D. C.

DEAR DOCTOR:

The Executive Staff of Georgetown University Hospital is anxious to have the opinion of the District of Columbia Medical Society on the following questions:

What stand shall the members of the Hospital Staff take toward Dr. Penhallow and his patients as regards to consultation?

Is or is not Dr. Penhallow a member of the American Medical Association?

What is the opinion of the Society concerning the members who are now engaged with the H. O. L. C. as regards to consultation by Hospital Staff members and the admission to the Hospital of their patients and those of Dr. Penhallow?

Very truly yours, V. J. Dardinski, M. D., Secretary  
of the Executive Staff.

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Gov. Ex. 477

Medicine (Doctors on Medical Service)

1938

Atkinson, Wade H.  
Argy, Wm. P.  
Adams, Roy D.  
Abernathy, Thos. J.  
Arnold, John S.  
Alpher, Isadore M.  
Abramson, Herbert  
Abbe, Truman  
Bain, S. B.  
Baker, Wyrth P.  
Bail, John G.  
Bankhead, J. M.  
Barry, Edmund  
Battle, Lewis J.  
Bauersfeld, Emil G.  
Beale, Robt. S.  
Behrend, Edwin B.  
Birdsall, Gregg C.  
Bliss, Chas. L.  
Bosworth, Robt. J.  
Bowne, Chas. J.  
Braden, Frank W.  
Brainin, Wm.  
Brooks, J. Lester  
Brown, Leo T.  
Brumbaugh, G. M.  
Bullock, John  
Baker, May D.  
Brotman, Irving  
Baker, Robt. W.

Ball, Geo. L.  
Ballinger, Wm.  
Barnhart, Grant S.  
Bateman, Jos. J.  
Battles, Saml.  
Bauersfeld, Herbert  
Becker, Jos. M.  
Benjamin, Saml.  
Biggs, Jos. R.  
Blajwas, Abe  
Bloedorn, Walter  
Bou, Alfred L.  
Bowen, Wm. S.  
Brady, J. Chester  
Broocks, Edw. B.  
Brown, Grafton T.  
Brue, Peter P.  
Bullard, Dexter M.  
Burbank, Caryl  
Burns, Wm. P.  
Burka, Irving  
Cake, Chas. P.  
Connolly, Aloysius  
Crain, Darrell  
Calver, Geo. W.  
Campbell, Neil P.  
Carbo, Ralph F.  
Carroll, Chas. T.  
Castell, Louis B.  
Cate, L. Huntley

Chase, Morris  
 Chinn, Austin B.  
 Choisser, Roger M.  
 Claytor, Thomas  
 Coale, Edith S.  
 Cohen, Roger S.  
 Colvin, H. Lynn  
 Conley, John  
 Conrad, Thos.  
 Cooper, Linn F.  
 Cornet, L. A.  
 Coulter, A. Barklie  
 Crawford, Chas. B.  
 Crispy, Edwin S.  
 Crosson, Henry J.  
 Culver, C. W.  
 Cardwell, J. Leland  
 Cousins, Sidney  
 Cajigas, Tomas  
 Campbell, Chas.  
 Canada, Chas. C.  
 Carr, Elma B.  
 Carter, Hill  
 Castell, Richard B.  
 Chadwick, DeWitt  
 Chickering, Eliz  
 Clark, Wm. Earl  
 Clayman, David  
 Cohen, Ralph  
 Collins, Thos. F.  
 Conklin, C. B.  
 Conlon, Robert  
 Constas, John  
 Corley, Karl C.  
 Costello, James R.  
 Courtney, Francis  
 Creswell, Geo. W.  
 Cross, Allen S.  
 Crowe, John W.  
 Cummings, Jas. G.  
 Daniels, Worth B.  
 Davidson, Edw. Y.  
 Davis, Hugh J.  
 DeMayo, John L.

Detwiler, Robt. H.  
 Diatz, Philip  
 Donahue, Matthew E.  
 Dooley, Lucile  
 Duehring, Frank E.  
 Dunkley, Richard E.  
 DeButts, Richard E.  
 Dunn, Wm. L.  
 Daughton, Alva Duckett  
 Davidson, Jas. F.  
 Demas, Chas. J.  
 Dessoiff, Saml.  
 Detwiler, Wm. S.  
 Diener, Saml. M.  
 Donnally, Harry H.  
 Dortzbach, Karl  
 Duffey, Depue H.  
 Dyke, Wm.  
 Dewey, Geo.  
 Ecker, Lewis C.  
 Ellison, Everett M.  
 Eppard, Geo.  
 Elliott, Henry R.  
 Everett, John  
 Earnest, John P.  
 Eckhardt, John C.  
 English, M. A.  
 Evans, And. B.  
 Ethridge, Clayton B.  
 Fierst, Chas.  
 Fischer, Melville  
 Ford, Rowland H.  
 Foxwell, Raymond  
 Freeman, Walter  
 Ferguson, C. E.  
 Finucane, Danl. L.  
 Fletcher, H. M.  
 Foster, Stuart O.  
 Foye, Amelia  
 Fugitt, Elmer W.  
 Gwynn, Henry B.  
 Gordon, Leon S.  
 Glover, Mervin W.  
 Gladding, Walter

Geier, Fred A.  
 Gurwin, Bernard J.  
 Goldenberg, Carl  
 Glenn, J. B.  
 W. T. Gill, Jr.  
 Gard, Perry Wm.  
 Hadley, Ernest E.  
 Halley, Chas. R. L.  
 Hardin, B. L., Jr.  
 Harnsberger, Chas. W.  
 Heiges, Lynwood  
 Hendry, Ernest S.  
 Higgins, Eugene W.  
 Hodgkins, Bradley D.  
 Holden, Raymond T.  
 Horvath, Frank S.  
 Howard, S. W.  
 Huffman, Geo. R.  
 Hurston, H. M.  
 Hussey, Hugh H.  
 Havell, Robt. B.  
 Hadley, Henry  
 Hardesty, W. S.  
 Harmon, Robt. H.  
 Heath, A. Fife  
 Heller, Jos. M.  
 Hertzberg, Herman  
 Hilton, James F.  
 Hoffman, Herman S.  
 Hornaday, Frank A.  
 Hough, Wm. H.  
 Howlett, H. H.  
 Hunter, Oscar B.  
 Hurtt, Harry  
 Hyde, Chas. W.  
 Irving, J. M.  
 Jordan, J. R.  
 Jeffries, Jos. A.  
 Jackson, Ruth  
 Judson, John  
 Karpeles, Kate  
 Katzman, Howard  
 Kébler, Lyman F.

Keliher, Thos.  
 Kennedy, Jos. V.  
 Kiessling, Alice  
 King, Allen E.  
 Kittredge Elis  
 Krause, E. A.  
 Kreglow, Alan F.  
 Krick, Jerome J.  
 Karpeles, Simon  
 Kaufman, Harry M.  
 Keilty, Robt. A.  
 Kelly, Thos.  
 Key, Sothoron  
 Kincheloe, Chas.  
 King, Clapham  
 Kinsbergen, Maurice V.  
 Kossow, Maurice J.  
 Kretching, Wilhelm  
 Kress, Lauretta E.  
 Lalley, Chas.  
 Lambert, Wm. C.  
 Lee, Thos. S.  
 Lemeshefsky, Geo. P.  
 Leonardo, Alex C.  
 Lewis, Arthur H.  
 Lichtman, Paul  
 Lindsay, J. W.  
 Litvin, Philip  
 Logan, John A.  
 Levin, Isadore  
 Lyon, James A.  
 Lafsky, Benj. B.  
 Lalley, Wm. J.  
 Lee, Allen E.  
 Leffler, Harrison H.  
 Leonard, B. W.  
 Levitt, L. P.  
 Lewis, Edw.  
 Lind, John E.  
 Little, A. B.  
 Loftus, Jas. M.  
 Lane, Virginia E.  
 Lowden, Henry M.

McCarthy, J. J.  
 James G. McKay  
 McLean, Marvin M.  
 McHale, J. J.  
 McLeod, John H.  
 McNutt, Agnes L.  
 Macon, Edw. B.  
 Mandelos, N. A.  
 Marbury, C. C.  
 Markwood, Emmett H.  
 Mattare, John  
 Mattingly, Thos. E.  
 Meyer, Wm.  
 Miller, W. S.  
 Mistretta, F. H.  
 Mitchell, J. Ernest  
 Moody, Terrell  
 Morgan, Wm.  
 Morse, E. C.  
 Moss, Fred A.  
 Myers, Brayton  
 MacClatchie, L. K.  
 McChesney, F. M.  
 McLarney, Edw.  
 McEnerney, Chas.  
 McNitt, Arnold  
 Macatee, H. C.  
 Mallory, Wm. J.  
 Manganaro, R. N.  
 Maret, Raymond  
 Martyn, H. E.  
 Mattingly, Richard V.  
 Meiman, W. G.  
 Miller, V. Beveridge  
 Minor, John  
 Mitchell, C. W.  
 Monat, Henry  
 Moore, W. C.  
 Morehart, Frederick  
 Moser, James M.  
 Murray, Raymond W.  
 Myers, Walter K.  
 Naiman, Benj. A.

Newman, Sigmund  
 Nichols, John B.  
 Nimetz, Aaron  
 Norcross, Alfred  
 Notes, Bernard  
 Nealon, Stephen W.  
 Nicklas, Edw. W.  
 Nicholas, Margaret  
 Noland, Stacy T.  
 Norris, L. B.  
 O'Brien, John F.  
 O'Keefe, James A.  
 Orem, John F.  
 Page, R. M.  
 Palmer, Alfred M.  
 Parent, Ernest  
 Payne, John R.  
 Peabody, Jos. W.  
 Perkins, Wm. R.  
 Perry, B. C.  
 Perry, Matthew W.  
 Pincock, Glen  
 Plaster, H. G.  
 Porton, S. P.  
 Prentiss, D. W.  
 Preston, John F.  
 Price, Weldon A.  
 Prosperi, Milton H.  
 Protas, Maurice  
 Purse, Grace  
 Puryea, Wm. G.  
 Quayle, Edgar E.  
 Queen, Greenville B.  
 Quick, Ralph  
 Raffel, Wm.  
 Ransdell, Rob't.  
 Ransom, C. A.  
 Read, B. R.  
 Ready, Francis J.  
 Reed, J. A.  
 Reede, Edw. H.  
 Reisinger, John C.  
 Repetti, Fred



Ritchie, W. S.  
 Rice, Eugene C., Jr.  
 Robbins, Chas. S.  
 Robey, Wm. I.  
 Rod, Isadore  
 Rodis, Isadora  
 Rogers, J. F.  
 Rolls, J. A.  
 Roman, F. O.  
 Rosenberg, Rich. H.  
 Rosenthal, Sanford M.  
 Rosser, M. T.  
 Rossiter, Thos. J.  
 Rude, Gilbert B.  
 Ruedy, E. C.  
 Ruffin, Sterling  
 Rule, Amy  
 Rusmiselle, Leslie  
 Rutkoski, I.  
 Ryland, Chas. P.  
 Scheele, And. F.  
 Schneider, Antoine  
 Schreiber, Henry R.  
 Schultz, F. Bernard  
 Schuman, Nathan J.  
 Schwartzman, Aaron S.  
 Schwarzmamm, John U.  
 Selinger, Maurice A.  
 Sexton, R. Lyman  
 Shapiro, Hayman D.  
 Shea, Frank R.  
 Shoemaker, Norman C.  
 Shull, E. C.  
 Silverman, Carl  
 Silverman, Morris  
 Sims, Wm. B.  
 Snowden, Edgar  
 Speer, Alma J.  
 Spigel, Harry A.  
 Spire, R. Lee

Stanley, Arthur C.  
 Steinman, Erwin  
 Stevenson, Ernest L.  
 Stokes, Walter  
 Stone, Grace  
 Stout, Jos. D.  
 Stuart, Dan'l. D. V.  
 Sugar, Sam'l. J.  
 Sullivan, Richard T.  
 Taylor, Paul N.  
 Templeton, Earl E.  
 Tewksbury, Wm. D.  
 Thomas, John D.  
 Thomas, Wm. G.  
 Thomas, Wm. R.  
 Thompson, J. L., Jr.  
 Thompson, Millard F.  
 Tilton, J. A.  
 Towner, Frank H.  
 Twogood, Merton E.  
 Valentine, A. W.  
 Verbrycke, J. Russell, Jr.  
 Walters, Willard B.  
 Warren, J. Francis  
 Watkins, Sam'l. E.  
 Weinberg, H. Blacker  
 Weller, George L.  
 Whitmore, Eugene  
 Wilner, Paul R.  
 Wynkoop, James C.  
 Wardrop, Wm. B.  
 Washington, Dan'l. B.  
 Weems, Benj. F.  
 Wells, R. L.  
 White, Davenport  
 William, Frank L.  
 Wilson, E. C.  
 Yater, Wallace M.  
 Yesko, Stephen A.  
 Zehner, Harry

## Doctors on Surgical Service

## Surgery

Abramson, Alfred  
 Atkinson, Walter  
 Ault, Garnet  
 Bachrach, Louis  
 Barr, E. Osmun  
 Borden, Dan'l. L.  
 Bradley, Thomas  
 Briggs, Crenshaw  
 Cafritz, Edw. A.  
 Cahill, James, Jr.  
 Campbell, Elliott  
 Caulfield, Philip  
 Chase, Wm. W.  
 Coffey, Rob't. J.  
 Collina, J. Floyd  
 Davis, Edgar W.  
 Dean, Benjamin  
 DeSavitsch, Eugene  
 DeVito, Michael  
 Fifer, Carson  
 Fishback, Fred C.  
 Fulcher, O.  
 Gaffney, Leo B.  
 Gannon, J. A.  
 Gantz, Frank E.  
 Golden, Benj.  
 Grass, Edw. J.  
 Gwynn, W. C.  
 Hawfield, James  
 Hess, Valentine  
 Hildenbrand, Emil J. C.  
 Horgan, Edmund  
 Horgan, Jos.  
 Horwitz, Alec

Jackson, Richard L.  
 Kelley, J. Thomas  
 Kerr, Harry H.  
 Lewis, Harry S.  
 Lyons, John H.  
 Mankin, J. Ward  
 Marbury, Wm. B.  
 Martel, Leo A.  
 McGovern, F. X.  
 McNamara, C. Edwin  
 Mitchell, James F.  
 Moran, Rob't E.  
 Morris, W. Ross  
 Mourot, Arthur J.  
 Neill, Thos. E.  
 Nutting, Geo. K.  
 Orr, W. J. B.  
 Piggott, J. Burr  
 Putzki, Paul S.  
 Reeves, W. P.  
 Richtmeyer, Duane  
 Riddick, Arch L.  
 Sager, W. Warren  
 Sanderson, Fred  
 Schoenfeld, Herbert H.  
 Shugrue, John  
 Schwartzbach, Saul  
 Shearer, J. B.  
 Smiler, Norman N.  
 Smith, Howard L.  
 Small, Wm. D.  
 Sprigg, Wm.  
 Strine, H. F.

## Surgery (Doctors having courtesy privileges in Surgery)

Warfield, J. Ogle  
 White, Chas. S.  
 Reeves, Geo. W.  
 Creer, J. Roscoe  
 Threadgill, Francis D.

Virnstein, John E.  
 Weitzman, Harry S.  
 Willcutts, Morton D.  
 Wynkoop, John  
 Gillen, James H.

### Urology (Doctors having Courtesy Privileges Urological Cases)

Andrus, Carlton  
Belt, Norvell  
Chenery, Alan J.  
Dorman, H. N.  
Fadeley, James M.  
Fowler, Harry A.  
Fuller, Homer G.  
Gable, George R.  
Hagner, Francis R.  
Herbst, Wm. R., Jr.  
Herschman, Myer J.  
Hooe, Arthur R.

Howze, Chas. P.  
Jarman, W. Dabney  
Kemble, Adam  
LeComte, R. M.  
Omohundro, Miles P.  
Ottenberg, Gilbert  
Pelzman, I.  
Reuter, Fred A.  
Sterling, W. C.  
Thompson, Thos. C.  
Young, Wm. G.

### Orthopedics (Doctors having Courtesy Privileges in Orthopedics)

Engl, Otto Anderson  
Foley, Thos. M.  
Hanby, John Estes  
Hand, Frank M.  
Hall, Custis Lee  
Kelly, Edward B.  
Larkin, Edward

Leadbetter, Guy  
McLain, John E.  
Neviaser, Julius S.  
O'Donnell, Paul  
Pelland, P. O.  
Shands, A. R. (Emeritus)  
Talbot, J. A.

### Anaesthesia (Drs. Having Courtesy Privileges in Anaesthesia)

Bolton, Robt. M.  
Bruner, Weston, Jr.  
Chipman, C. N.  
Gaines, J. M.  
Jackson, Richard L.  
Katzman, Sollie  
Kreiselman, Jos.

LeMerle, Eugene L.  
Francis, MacDonald  
Mann, Jesse  
Schuman, Nathan  
Speidel, F. G.  
Stubbs, Donald  
Warner, Otto N.

### Ophthalmology (Drs. Having Courtesy Privileges in Ophthalmology)

Rockoven, Sterling  
Burke, J. W.  
Costello, Robt. F.  
Costenbader, Frank D.  
Cummings, Edw. J.

Davis, W. T.  
Dessoiff, Jos.  
Downey, H. R.  
Greear, James N., Jr.  
Griffith, J. Beaty

Green, Louis  
 Gookin, Edw. R.  
 Goodman, Edgar  
 Hyde, LeRoy  
 Henning, Carl  
 Hammett, Chas. M.  
 Kennedy, Michael  
 Lamb, Robt. S.

Lloyd, John R. P.  
 Morrison, R. L.  
 Moss, L. Connor  
 Muncaster, S. B.  
 Newell, Wm. S.  
 Pendexter, Ralph  
 Scala, Norman P.  
 Sheppard, Ernest

Otolaryngology (Drs. Having Courtesy Privileges in  
 this Service)

Alfaro, Victor R.  
 Alexander, Saml. A.  
 Baber, John M.  
 Bennett, A. B.  
 Bradley, Jeter C.  
 Breeding, Earle G.  
 Brooks, Richmond A.  
 Constantinople, P. S.  
 Cummings, Edw. J.  
 Davis, David  
 Davies, Harry F.  
 Earley, James H.  
 Feldman, Irvin  
 Fischer, Aubrey D.  
 Flynn, James A.  
 Gill, Grover Bache  
 Hantman, Irvin  
 House, Hugh  
 Jenkins, Wm. H.  
 Jarman, Bernard L.  
 Johnson, Don R.  
 Kearney, Richard  
 Kemp, R. J.

Knowlton, Don S.  
 Luber, Saml.  
 Mankin, G. Haven  
 Mason, Wm. B.  
 Meloy, Wm. C.  
 Moffatt, Danl. B.  
 Morgan, W. A.  
 Middlestaedt, Carl D.  
 O'Brien, E. M.  
 Sawyer, Leroy  
 Schreiber, F. C.  
 Shepherd, E. R.  
 Sparks, W. C.  
 Sullivan, Richard T.  
 Tegge, C. W.  
 Tibbetts, L. B.  
 Tribble, G. B.  
 Vann, H. King  
 Walker, Allen R., Jr.  
 Wells, W. A.  
 Wilkinson, R. W.  
 Williams, Thos. F.  
 Zinkham, A. M.

Minor Surgery (Drs. Having Courtesy Privileges in Minor  
 Surg. Those Marked "Medicine" also have Privileges  
 in that Service)

Baber, John  
 Bakerm, Wyrth P., Med.  
 Ball, John G., Med.  
 Cardwell, J. Leland, Med.

Connolly, Aloysius, Med.  
 Heath, A. Fife, Med.  
 Jordan, J. R., Med.  
 Keane, Martin J.

Lemeszewsky, Geo. P., Med.  
 Leonardo, Alex., Med.  
 McLarney, Edw. P., Med.  
 Meiman, W. G., Med.  
 Morse, E. C.  
 Myers, Brayton, Med.  
 Rutkoski, Med.

Schultz, F. Bernard, Med.  
 Schuman, Nathan G., Med.  
 Schwarzmunn, John U.  
 Stevenson, Ernest L., Med.  
 Sullivan, Richard T., Med.  
 Wood, H. A.  
 Young, Jos. R.

### Pediatrics

Berenstein, Stanley H.  
 Blair, Montgomery, Jr.  
 Detwiler, Robt., Med.  
 Greenberg, Milton N.  
 Lachman, Sander B.  
 Lewis, Edw., Med.  
 Millwater, Chas. A.  
 Mitchell, Reginald H.  
 Ong, Harry A.

Price, Weldon A., Med.  
 Wall, Jos. S.  
 Wernstein, David  
 Bier, Robt.  
 Burdick, Wm. F.  
 Copeland, Edgar P.  
 Greenlaw, Jos. J.  
 Leech, Frank  
 McLendon, Preston A.

### Dermatology

Anderson, Harry F.  
 Eichenlaub, Frank F.  
 Ellis, Francis A.  
 Fields, Russell J.  
 Goodman, Reuben  
 Hazen, Henry H.

Kittredge, Herman F.  
 McCarthy, Lee  
 Sandler, J. Lewis  
 St. Clair, Francis G.  
 Teichman, Walter O.

Doctors having courtesy privileges in following services

#### Pathology

Dr. Chas. G. Aronstein  
 Dr. Lester Neuman

#### Allergy

Dr. Harry S. Bernton  
 Dr. Robt. S. McGrath

#### Neuropsychiatry

Dr. Alice H. Kiessling, Med.  
 Neurosurgery

Dr. James W. Watts

Dr. John Shugrue

#### Plastic Surgery

Dr. Wm. Meloy—Otolaryn-  
 gology also

Dr. Robt. E. Moran—Also  
 surgery

Dr. Michael DeVito—Also  
 surgery

#### Dental Surgery

Dr. Woodson T. Birthright

Geo. R. Ellis

Frederick J. Hess

Harry Kaplan

Dudley T. King

Danl. F. Lynch

Jas. L. McGrath

Wm. D. Monroe

Howard Newton

Wm. I. Ogus

Lawrence Smallwood

Chas. Smith Jr.

Dr. Sterling Mead



## Gynecology

Drs.

Wm. H. Beard

Walter Willard Boyd

L. Lee Cockerille

John L. Conley, Med.

James Roger Costello, Med.

Cromer, J. Keith

Crowley Jerome F.

Cusack Wm. J.

Darnier, Henry L.

Fifer, Carson L.

Jansen, J. Russell

Jackson, Virgil B. Emeritus

Kain, Gladys

Kane, Howard F.

Kotz, Jacob

Kushner, David

McNamara, C. Edwin (surg.)

McNitt, H. J. R.

Mundell, J. J.

Nathanson, Esther S.

Nordlinger, Geo.

O'Donnell, Roger Jr.

Parker, Howard P.

Preece, A. A.

Ramsey, Herbert P.

Reeves, Clyde P.

Reeves, Geo. W.

Richwine, Alf. H.

Rogers, Floyd S.

Silvester, Richard L.

Titus, E. W.

## Gov. Ex. 478

The Medical Society of the District of Columbia, 1718 M Street, N. W., Washington.

July 29, 1937.

To the Superintendent:

Pursuant to action of the Executive Committee, held on the evening of July 12, 1937, and in fulfilment of Chapter IX, Article IV, Section 5 of the Constitution, your attention is hereby called to the list of organizations, groups and individuals herewith enclosed. The approved list is on file with the Secretary's Office. The amendment is now in force. Any violation thereof will make a member liable according to the provisions of the Constitution:

## Chapter IX, Article IV, Sec. 5:

"No member of the Society shall engage in any professional capacity whatsoever with any organization, group or individual, by whatever name called or however organized, engaged in the practice of medicine within the District of Columbia or within 10 miles thereof, which has not been approved by the Society.

"The Executive Committee is authorized and directed to prepare an approved list of organizations, groups and individuals, by whatever name called and however organized, engaged in the practice of medicine within the District of Columbia or within 10 miles thereof, and the same shall be kept in the office of the Secretary-Treasurer. Before any such organization, group or individual can be placed on the approved list of the Society, such organization, group or individual, or the member of the Society proposing professional relations therewith, shall submit to the Compensation, Contract and Industrial Medicine Committee such evidence as the Committee or the Society may require showing the character, activities, financial condition and ethical standards of said organization, group or individual, and after considering the same, said committee shall make a report of its investigation and findings to the Executive Committee for such action as it may deem necessary."

Very truly yours, C. B. Conklin, M. D., Secretary.

C-O

The Medical Society of the District of Columbia, 1718 M Street (Telephone: District 3111)

Approved list of Organizations, Groups and Individuals, engaged in the practice of medicine within the District of Columbia or within 10 miles thereof. (Chapter IX, Article IV, Section 5 of the Constitution.)

1. All members of the Medical Society of the District of Columbia.
2. Medical staffs of all hospitals, institutions and clinics, each member of which has been approved by the Medical Society of the District of Columbia.
3. The United States Government Medical Personnel on duty in the District of Columbia, or within 10 miles thereof, i. e., the United States Army, Navy, Public Health Service, and the Veterans' Administration.
4. The Health Officer and attached medical personnel.
5. Membership of the District of Columbia Dental Society.
6. Membership of the Homeopathic Medical Society.
7. Members of the Montgomery County (Md.), Prince Georges County (Md.), Fairfax County (Va.), and Arling-

ton County (Va.) Medical Societies, who reside within 10 miles of the District of Columbia.

8. Members of the Alexandria Medical Society.

9. The following Compensation Clinics:

	Operated by
Farragut Medical Clinic	Frank E. Gantz, M. D.
First Aid Station	Arch L. Riddick, M. D.
Harry M. Lewis Clinic	Harry M. Lewis, M. D.
Market Compensation Accident Clinic	M. J. Kossow, M. D.
Northeast Insurance Clinic	G. Henry Rawson, M. D.
Union Market Workmen's Compensation Clinic	Maxwell Hurston, M. D.
Washington Industrial Accident Clinic	Edward Clark Morse, M. D.
Washington Medical Building Workmen's Clinic	Charles S. White, M. D.

10. All medical personnel employed by the Federal or Municipal Governments within the District of Columbia or within 10 miles thereof.

11. Membership of the Medico-Chirurgical Society (colored Medical Society).

12. Membership of the Robert T. Freeman Dental Society (colored Dental Society).

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Gov. Ex. 479

The Medical Society of the District of Columbia

Successor (1911) to the Medical Society of the District of Columbia, Founded September 26, 1817, and the Medical Association of the District of Columbia, Founded January 11, 1833.

1718 M Street  
Washington

Office of Secretary-Treasurer.

December 2, 1937.

Chief of Staff, Emergency Hospital, 1711 New York Avenue, N. W., Washington, D. C.

DEAR DOCTOR:

Pursuant to formal action of the Medical Society of the District of Columbia, in session on the evening of December 1, 1937, the attached resolution is sent you.

Very truly yours, C. B. Conklin, M. D., Secretary.

CBC/dw Encl.

The Medical Society of the District of Columbia  
1718 M Street  
Washington

Resolution adopted by the Society, in session on the evening of December 1, 1937:

Resolved, That as a matter of educational policy the Medical Society of the District of Columbia strongly recommends that all hospitals engaged in the teaching and training of residents, interns, and nurses, where possible, follow the recommendation of the American Medical Association regarding the constitution of their entire Medical Staffs, namely, that each appointee be a member of the Medical Society of the District of Columbia or a local medical society in this immediate neighborhood and a member of the American Medical Association.

## Gov. Ex. 481

## Staff of the Hospital

## Medical

Dr. H. C. Macatee, President

Dr. J. W. Lindsay, Secretary

## Emeritus

Dr. L. H. Reichelderfer

Dr. A. A. Snyder

## Consulting

Dr. C. M. Beall

Dr. R. S. Beale

Dr. W. S. Bowen

Dr. W. K. Butler

Dr. Wm. Earle Clark

Dr. T. A. Claytor

Dr. C. B. Crawford

Dr. M. C. Dollman

Dr. H. R. Elliott

Dr. Edmund Horgan

Dr. L. B. T. Johnson

Dr. Sotheron Key

Dr. S. R. Karpeles

Dr. Frank Leech

Dr. G. Brown-Miller

Dr. Wm. Cabell Moore

Dr. H. C. Macatee

Dr. Wm. Gerry Morgan

Dr. F. H. Mistretta

Dr. Sterling Ruffin

Dr. A. C. Stanley

Dr. A. L. Stavely

Dr. John D. Thomas

Dr. J. R. Verbrycke

Dr. W. A. Wells

## Medicine

## Attending

Dr. Worth Daniels

Dr. Lewis C. Ecker

Dr. J. Burton Glenn

Dr. B. F. Weems

## Associate

Dr. J. W. Esler

Dr. L. T. Gager

Dr. B. W. Leonard

Dr. J. A. Logan

Dr. R. M. Page

## Junior Associate

Dr. J. Marion Bankhead

Dr. C. T. Carroll

Dr. Richard de Butts

Dr. Harry Dowling

Dr. Perry W. Gard

Dr. R. V. Mattingly

Dr. W. B. Moyer

Dr. K. H. Mish

Dr. Beveridge Miller

Dr. E. W. Nicklas

Dr. R. Lomax Wells



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### Treasurer

Mr. George Macatee              Garfield Memorial Hospital

### Surgery

### Attending

Dr. H. H. Kerr	Dr. H. F. Strine
Dr. F. X. McGovern	Dr. C. S. White

**Associate**

Dr. W. W. Chase  
 Dr. H. L. Claud  
 Dr. F. C. Fishback

Dr. H. H. Schoenfeld  
 Dr. J. O. Warfield, Jr.  
 Dr. George K. Nutting

**Junior Associate**

Dr. Thomas Bradley  
 Dr. H. E. Cole  
 Dr. E. H. Markwood  
 Dr. E. J. C. Hildenbrand

Dr. A. J. Mourot  
 Dr. Wm. Ross Morris  
 Dr. H. H. Strine  
 Dr. Leo B. Gaffney

**Genito-Urinary****Attending**

Dr. Alan Chenery  
 Dr. H. G. Fuller

Dr. F. R. Hagner  
 Dr. C. P. Howze

**Associate**

Dr. Norvell Belt  
 Dr. J. M. Fadeley

Dr. L. M. Mason  
 Dr. T. C. Thompson  
 Dr. R. T. West

**Junior Associate**

Dr. C. A. Fierst

Dr. G. A. Hopkins  
 Dr. John Orem

**Obstetrics****Attending**

Dr. Daniel Davis  
 Dr. A. Y. P. Garnett

Dr. H. F. Kane  
 Dr. R. L. Silvester

**Associate**

Dr. E. M. Ellerson  
 Dr. J. B. Jacobs

Dr. Roger O'Donnell  
 Dr. H. P. Parker

**Junior Associate**

Dr. W. W. Boyd  
 Dr. S. M. Dodek  
 Dr. J. C. Waters

Dr. F. Mezitis  
 Dr. C. P. Reeves  
 Dr. W. D. Terrell, Jr.

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First Vice-President	Mrs. Cooper Lightbown
Second Vice-President	Mrs. W. S. Corby
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Fifth Vice-President	Mrs. John Wetherill
Recording Secretary	Mrs. H. K. McCook
Corresponding Secretary	Mrs. James T. Newton
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Bogan, Mrs. J. B.	Maury, Mrs. John
Boyd, Mrs. Walter W.	Morgan, Mrs. Wm. A.
Bunker, Mrs. F. W.	Morgan, Mrs. W. Gerry
Burbank, Mrs. Richard	Moulton, Mrs. Frederick
Burton, Mrs. C. F.	McCook, Mrs. H. K.
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Black, Mrs. Eugene	Nichols, Mrs. John
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Chambers, Mrs. Charles L.	Peacock, Mrs. James Craig
Claughton, Mrs. Richard	Prettyman, Mrs. Barrett
Corby, Mrs. W. S.	Pearson, Miss Katherine E.
Cox, Mrs. James H.	Prior, Mrs. Lorens
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Harper, Mrs. James R.	Solomons, Miss Aline
Herald, Mrs. R. H.	Spencer, Mrs. Henry
Hickerson, Mrs. Everett	Starkey, Mrs. Geo. L.
Hoxie, Mrs. R. L.	Tribby, Mrs. J. C.
Huffman, Mrs. E. L.	Tucker, Mrs. Mary Logan
Jones, Mrs. Albert	Wainwright, Mrs. Richard
Jones, Mrs. Katherine S.	Weller, Mrs. G. Louis
Kay, Mrs. Edgar	Wetherill, Mrs. John Price
Kearney, Mrs. Henry W.	Willard, Mrs. Henry A., 2nd
Kerr, Mrs. Harry H.	Willard, Mrs. Henry K.
Knipe, Mrs. Henry	Wolf, Mrs. Simon
Lightbown, Mrs. Cooper	Woodson, Mrs. Eugene

## Gov. Ex. 492

## Executive Committee

Dr. Oscar B. Hunter  
 Dr. Adam Kemble  
 Dr. John C. Eckhardt  
 Dr. Lewis H. Taylor  
 Dr. R. Lee Spire

Dr. A. C. Gray  
 Dr. Howard F. Kane  
 Dr. Paul S. Putzki  
 Dr. Joseph F. Elward

## Medical Council

Dr. F. Y. Donn  
 Dr. James M. Fadeley  
 Dr. Custis Lee Hall  
 Dr. Robert R. Hottel  
 Dr. J. Thomas Kelley  
 Dr. Jesse T. Mann  
 Dr. John Orem  
 Dr. Frederick Schreiber  
 Dr. Charles S. White  
 Dr. J. C. Eckhardt  
 Dr. J. F. Finnegan  
 Dr. Mary Holmes  
 Dr. Oscar B. Hunter

Dr. Adam Kemble  
 Dr. Thomas E. Mattingly  
 Dr. Paul S. Putzki  
 Dr. Lewis H. Taylor  
 Dr. A. M. McDonald  
 Dr. Joseph F. Elward  
 Dr. A. C. Gray  
 Dr. Warner Holt  
 Dr. Howard F. Kane  
 Dr. J. Kotz  
 Dr. William A. Morgan  
 Dr. Roy Lyman Sexton  
 Dr. R. Lee Spire

## Committee on Medicine

Dr. R. Lee Spire  
 Dr. Robert R. Hottel  
 Dr. F. Y. Donn

Dr. Thomas E. Mattingly  
 Dr. R. L. Sexton

## Committee on Obstetrics &amp; Gynecology

Dr. Howard F. Kane  
 Dr. Mary Holmes  
 Dr. J. Kotz

Dr. Jesse Mann  
 Dr. Robert R. Hottel

## Committee on Pediatrics

Dr. J. C. Eckhardt  
 Dr. Mary Holmes

Dr. A. C. Gray  
 Dr. Wm. A. Morgan

## Committee on Surgery

Dr. Paul S. Putzki  
 Dr. Adam Kemble  
 Dr. Lewis H. Taylor

Dr. A. M. McDonald  
 Dr. Jesse Mann

## Committee on Surgical Specialties

Dr. Adam Kemble	Dr. F. C. Schreiber
Dr. James Fadeley	Dr. Custis Lee Hall

## Committee on X-Ray &amp; Laboratory

Dr. Oscar B. Hunter	Dr. Joseph F. Elward
Dr. A. M. McDonald	Dr. J. T. Kelley, Jr.

## Committee on Histories

Dr. Jesse T. Mann	Dr. George McLain
Dr. John T. Orem	

## Committee on Internes

Dr. John M. Orem	Dr. Sollie Katzman
Dr. E. M. Pickford	Dr. George McLain
Dr. John F. Finnegan	

## Committee on Program

Dr. Adam Kemble	Dr. Duane C. Richtmeyer
Dr. W. Ross Morris	Dr. Thomas E. Mattingly
Dr. Robert R. Hottel	

## Executive Committee

Dr. Oscar B. Hunter	Dr. A. C. Gray
Dr. Adam Kemble	Dr. Howard F. Kane
Dr. John C. Eckhardt	Dr. Paul S. Putzki
Dr. Lewis H. Taylor	Dr. Joseph F. Elward
Dr. R. Lee Spire	

## Medical Council

Dr. F. Y. Donn	Dr. Adam Kemble
Dr. James M. Fadeley	Dr. Thomas E. Mattingly
Dr. Custis Lee Hall	Dr. Paul S. Putzki
Dr. Robert R. Hottel	Dr. Lewis H. Taylor
Dr. J. Thomas Kelley	Dr. A. M. McDonald
Dr. Jesse T. Mann	Dr. Joseph F. Elward
Dr. John Orem	Dr. A. C. Gray
Dr. Frederick Schreiber	Dr. Warner Holt
Dr. Charles S. White	Dr. Howard F. Kane
Dr. J. C. Eckhardt	Dr. J. Kotz
Dr. J. F. Finnegan	Dr. William A. Morgan
Dr. Mary Holmes	Dr. Roy Lyman Sexton
Dr. Oscar B. Hunter	Dr. R. Lee Spire



### Committee on Medicine

Dr. R. Lee Spire	Dr. Thomas E. Mattingly
Dr. Robert R. Hottel	Dr. R. Lyman Sexton
Dr. F. Y. Donn	

### Committee on Obstetrics and Gynecology

Dr. Howard F. Kane	Dr. Jesse Mann
Dr. Mary Holmes	Dr. Robert R. Hottel
Dr. J. Kotz	

### Committee on Pediatrics

Dr. J. C. Eckhardt	Dr. A. C. Gray
Dr. Mary Holmes	Dr. Wm. A. Morgan

### Committee on Surgery

Dr. Paul S. Putzki	Dr. A. M. McDonald
Dr. Adam Kemble	Dr. Jesse Mann
Dr. Lewis H. Taylor	

### Committee on Surgical Specialties

Dr. Adam Kemble	Dr. F. C. Schreiber
Dr. James Fadeley	Dr. Custis Lee Hall

### Committee on X-Ray & Laboratory

Dr. Oscar B. Hunter	Dr. Joseph Elward
Dr. A. M. McDonald	Dr. J. T. Kelley, Jr.

### Committee on Histories

Dr. Jesse T. Mann	Dr. George McLain
Dr. John T. Orem	

### Committee on Internes

Dr. John M. Orem	Dr. Sollie Katzman
Dr. E. M. Pickford	Dr. George McLain
Dr. John F. Finnegan	

### Committee on Program

Dr. Adam Kemble	Dr. Duane C. Richtmeyer
Dr. W. Ross Morris	Dr. Thomas E. Mattingly
Dr. Robert R. Hottel	

1937

## Medical Council

1. Dr. E. W. Burch,  
336 Maryland Ave., N. E.,  
Lincoln 1028
2. Dr. F. Y. Donn,  
4806 Eighth St., N. W.,  
Adams 8136
3. Dr. J. C. Eckhardt,  
1834 Irving St., N. W.,  
Co. 9431
4. Dr. Joseph F. Elward,  
1726 Eye St., N. W.,  
District 1323
5. Dr. James M. Fadeley,  
1835 Eye St., N. W.,  
National 7200
6. Dr. A. C. Gray,  
1242 Newton St., N. E.,  
North 3674
7. Dr. Custis Lee Hall,  
1801 Eye St., N. W.,  
National 7200
8. Dr. Mary Holmes,  
1726 Eye St., N. W.,  
Metropolitan 2906
9. Dr. Warner Holt,  
14 S Street, N. E.,  
Potomac 6344
10. Dr. Robert R. Hottel,  
1222 Monroe St., N. E.,  
Potomac 1466
11. Dr. Oscar B. Hunter,  
1835 Eye St., N. W.,  
National 6375
12. Dr. Howard F. Kane,  
1835 Eye St., N. W.,  
National 7200
13. Dr. J. Thomas Kelley,  
1312 Fifteenth St., N. W.,  
North 0188
14. Dr. Adam Kemble,  
The Cecil Apartment,  
Metropolitan 4966
15. Dr. J. Kotz,  
1835 Eye Street, N. W.,  
National 7200
16. Dr. Jesse T. Mann,  
906 Mass. Ave., N. E.,  
Lincoln 6440
17. Dr. Thomas E. Mattingly,  
2200 Rhode Island Ave.,  
N. E., Potomac 0073
18. Dr. William A. Morgan,  
1835 Eye Street, N. W.,  
National 7200
19. Dr. Paul S. Putzki,  
2015 Que St., N. W.,  
North 2121
20. Dr. Roy Lyman Sexton,  
1801 Eye St., N. W.,  
National 7200
21. Dr. Frederick Schreiber,  
1710 Rhode Island Ave.,  
N. W., North 2720
22. Dr. R. Lee Spire,  
2100 North Capitol St.,  
North 1510
23. Dr. Lewis H. Taylor,  
The Cecil,  
Metropolitan 4966
24. Dr. Charles S. White,  
1801 Eye Street, N. W.,  
National 7200

The Medical Council meets on the 2nd Tuesday of each month, at 8:00 p. m. (No meetings during July and August.)

The Clinical Division meets on the 2nd Tuesday of each month, at 8:30 p. m. (No meetings during July and August.)

## Executive Committee

1937

Dr. Oscar B. Hunter	
1835 Eye St., N. W.	NA. 7200
Dr. Lewis H. Taylor	
The Cecil	ME. 4966
Dr. Howard F. Kane	
1835 Eye St., N. W.	NA. 7200
Dr. Adam Kemble	
The Cecil	ME. 4966
Dr. R. Lee Spire	
2100 North Capitol St.	NO. 1510
Dr. Paul S. Putzki	
2015 Que St., N. W.	NO. 2121
Dr. John C. Eckhardt	
1834 Irving St., N. W.	CO. 9431
Dr. A. C. Gray	
1242 Newton St., N. E.	NO. 3674
Dr. Joseph F. Elward	
1726 Eye St., N. W.	DI. 1322

1938

## Medical Council

- |                          |                            |
|--------------------------|----------------------------|
| 1. Dr. F. Y. Donn,       | 7. Dr. Custis Lee Hall,    |
| 4800 Eighth St., N. W.,  | 1801 Eye St., N. W.,       |
| Adams 8136               | Na. 7200                   |
| 2. Dr. J. C. Eckhardt,   | 8. Dr. Mary Holmes,        |
| 1834 Irving St., N. W.,  | 1726 Eye St., N. W.,       |
| Col. 9431                | Me. 2906                   |
| 3. Dr. Joseph F. Elward, | 9. Dr. Warner Holf,        |
| 1726 Eye St., N. W.,     | 14 S St., N. E.,           |
| Di. 1323                 | Po. 6344                   |
| 4. Dr. James M. Fadeley, | 0. Dr. Robert R. Hottel,   |
| 1835 Eye St., N. W.,     | 1222 Monroe St., N. E.,    |
| Na. 7200                 | Po. 1466                   |
| 5. Dr. J. F. Finnegan,   | 11. Dr. Oscar B. Hunter,   |
| 1342 E. Capitol St.,     | 1835 Eye St., N. W.,       |
| Li. 7860                 | Na. 6375                   |
| 6. Dr. A. C. Gray,       | 12. Dr. William A. Morgan, |
| 1241 Newton St., N. E.,  | 1835 Eye St., N. W.,       |
| No. 3674                 | Na. 7200                   |

13. Dr. Howard F. Kane,  
1835 Eye St., N. W.,  
Na. 7200
14. Dr. J. Thomas Kelley,  
Emeritus,  
1312 Fifteenth St., N. W.,  
No. 0188
15. Dr. J. Kotz,  
1835 Eye St., N. W.,  
Na. 7200
16. Dr. A. M. McDonald,  
522-11th St., N. E.,  
Li. 1120
17. Dr. Jesse T. Mann,  
906 Mass. Ave., N. E.,  
Li. 6440
18. Dr. Thomas E. Mattingly,  
2200 R. I. Ave., N. E.,  
Du. 0073
19. Dr. John Orem,  
The Cecil,  
Me. 4966.
20. Dr. Paul S. Putzki,  
2015 Que St., N. W.,  
No. 2121
21. Dr. Roy Lyman Sexton,  
1801 Eye St., N. W.,  
Na. 7200
22. Dr. Frederick Schreiber,  
1736 K St., N. W.,  
No. 2720
23. Dr. R. Lee Spire,  
2100 North Capitol St.,  
No. 1510
24. Dr. Lewis H. Taylor,  
The Cecil,  
Me. 4966
25. Dr. Charles S. White,  
1801 Eye St., N. W.,  
Na. 7200

## Executive Committee

1938

Dr. Oscar B. Hunter	1835 Eye St., N. W.	NA. 7200
Dr. Lewis H. Taylor	The Cecil	ME. 4966
Dr. Howard F. Kane	1835 Eye St., N. W.	NA 7200
Dr. Adam Kemble	The Cecil	ME. 4966
Dr. R. Lee Spire	2100 North Capitol St.	NO. 1510
Dr. Paul S. Putzki	2015 Que St., N. W.	NO. 2121
Dr. John C. Eckhardt	1834 Irving St., N. W.	CO. 9431
Dr. A. C. Gray	1242 Newton St., N. E.	NO. 3674
Dr. Jos. F. Elward	1726 Eye St., N. W.	DI. 1322
Dr. John T. Orem	The Cecil	ME. 4966

## Clinical Division

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Dr. Alfred Abramson	Dr. James I. Boyd
Dr. Truman Abbe	Dr. G. M. Boyer
Dr. John N. Andrews	Dr. McKendree Boyer
Dr. Arnold Albert	Dr. F. W. Braden
Dr. W. K. Angenvine	Dr. Thomas Bradley
Dr. R. Apgar	Dr. J. C. Brady
Dr. E. H. Aschenbach	Dr. William Brainin
Dr. F. V. Atkinson	Dr. J. H. Branson
Dr. Walter Atkinson	Dr. Earl G. Breeding
Dr. Wade Atkinson	Dr. Richmond A. Brooke
Dr. William D. Aud	Dr. Irving Brotman
Dr. G. W. Ault	Dr. Leo T. Brown
Dr. Ellis April	Dr. Paul Brue
Dr. John J. Audrina	Dr. G. M. Brumbaugh
Dr. Robert Bacon	Dr. Weston Brunner, Jr.
Dr. Louis Bachrach	Dr. J. H. Bullock
Dr. Samuel Bageant	Dr. E. W. Burch
Dr. May D. Baker	Dr. Warren Burch
Dr. W. Post Baker	Dr. Irving Burka
Dr. J. M. Bankhead	Dr. H. K. Butler
Dr. George Ball	Dr. A. D. Butz
Dr. J. P. Barger	Dr. Wm. H. Beard
Dr. G. S. Barnhart	Dr. H. L. Bastien
Dr. E. Osmund Barr	Dr. Crenshaw Briggs
Dr. S. L. Battles	Dr. Henry Butler
Dr. Samuel Becker	Dr. J. Gordon Bell
Dr. Joseph F. Belair	Dr. S. H. Berenstein
Dr. Norvell Belt	Dr. Wm. H. Brædon
Dr. R. F. Benthall	Dr. E. A. Cafritz
Dr. Robert A. Bier	Dr. J. A. Cahill, Jr.
Dr. Andrew Betz	Dr. Tomas Cajigas
Dr. Abe Blajwas	Dr. C. P. Cake
Dr. Walter A. Bloedorn	Dr. Read N. Calvert
Dr. J. R. Biggs	Dr. R. J. Carbo
Dr. Gregg Custis Birdsall	Dr. Angel A. Cardona
Dr. J. P. Bogan	Dr. C. T. Cartoll
Dr. Robert M. Bolton	Dr. J. W. Casady
Dr. R. J. Bosworth	Dr. L. B. Castell
Dr. Andrew K. Bowie	Dr. P. A. Caulfield
Dr. John E. Bowman	Dr. John Cavanaugh
Dr. D. L. Borden	Dr. James C. Cawood



- |                           |                         |
|---------------------------|-------------------------|
| Dr. Wm. W. Chase          | Dr. L. M. Cuvillier     |
| Dr. Wm. D. Chase          | Dr. Martin L. Cannon    |
| Dr. Morris Chase          | Dr. R. F. Chinn         |
| Dr. Elizabeth Chickering  | Dr. J. D. Damian        |
| Dr. Alan J. Chenery       | Dr. H. L. Darner        |
| Dr. C. N. Chipman         | Dr. J. F. Davidson      |
| Dr. J. L. Cardwell        | Dr. E. Y. Davidson      |
| Dr. A. C. Christie        | Dr. Philip A. Degnan    |
| Dr. William E. Clark      | Dr. J. L. DeMayo        |
| Dr. H. L. Claud           | Dr. Michael DeVito      |
| Dr. David S. Clayman      | Dr. Philip Diatz        |
| Dr. T. A. Claytor         | Dr. Aaron Dietz         |
| Dr. W. H. Clements        | Dr. Joseph Dessoff      |
| Dr. Lyman J. Clements     | Dr. Samuel Diener       |
| Dr. Lee Cockerille        | Dr. S. M. Dodek         |
| Dr. H. E. Cole            | Dr. F. Y. Donn          |
| Dr. Lloyd Collins         | Dr. Karl Dortzbach      |
| Dr. T. F. Collins         | Dr. F. E. Duehring      |
| Dr. Lynn Colvin           | Dr. R. E. Dunkley       |
| Dr. Coursen B. Conklin    | Dr. E. A. Dunn          |
| Dr. J. E. Conley          | Dr. John R. Dull        |
| Dr. R. J. Conlon          | Dr. H. S. Douglas       |
| Dr. Jack A. Connor        | Dr. J. A. Dusbabek      |
| Dr. Robert Cooper         | Dr. J. F. Dornick       |
| Dr. Earl Corley           | Dr. Herbert Diamond     |
| Dr. L. A. Cornet          | Dr. Alfred Dibbs        |
| Dr. Rush W. Conklin       | Dr. Leo Dufault         |
| Dr. F. X. Courtney        | Dr. Paul Eanet          |
| Dr. Oliver Cox            | Dr. J. H. Early         |
| Dr. Geo. W. Creswell      | Dr. John C. Eckhardt    |
| Dr. C. R. Creveling       | Dr. M. R. Edmonston     |
| Dr. E. S. Crisp           | Dr. Hugo Einstein       |
| Dr. Allen Cross           | Dr. E. M. Ellerson      |
| Dr. Jerry K. Cromer       | Dr. Joseph F. Elward    |
| Dr. H. J. Crosson         | Dr. Ella M. Enlows      |
| Dr. J. B. Custis          | Dr. C. A. Engh          |
| Dr. Matvin A. Custis      | Dr. George I. Eppard    |
| Dr. Edward J. Cummings    | Dr. A. O. Etienne       |
| Dr. Charles S. Coakley    | Dr. Herman Eisenberg    |
| Dr. Abe M. Cohen          | Dr. W. G. Eisinger, Jr. |
| Dr. Frances Coleman       | Dr. E. Everett          |
| Dr. Milton C. Cobey       | Dr. James M. Fadeley    |
| Dr. K. A. Chapman         | Dr. J. F. Finnegan      |
| Dr. Horace H. Custis, Jr. | Dr. R. H. Ford          |

Dr. Ray F. Farley  
Dr. Charles E. Fierst  
Dr. S. O. Foster  
Dr. Wm. C. Fowler  
Dr. Walter Freeman  
Dr. L. H. French  
Dr. Oscar Fulcher  
Dr. Cecile Fusfield  
Dr. W. G. Farwell  
Dr. C. E. Ferguson  
Dr. Max E. Feldman  
Dr. Philip I. Frohman  
Dr. E. A. Forcione  
Dr. A. Fischer  
Dr. Charles Finley  
Dr. G. R. Gable  
Dr. J. M. Gaines  
Dr. J. A. Gannon  
Dr. F. E. Gantz  
Dr. James H. Gillen  
Dr. H. S. Gates  
Dr. Wm. T. Gill, Sr.  
Dr. Wm. T. Gill, Jr.  
Dr. Nathan Glaubach  
Dr. R. Goodman  
Dr. Wm. D. Goodman  
Dr. Vincent Gould  
Dr. E. W. Graeff  
Dr. A. C. Gray  
Dr. Milton Greenberg  
Dr. B. J. Gurwin  
Dr. Leo B. Gaffney  
Dr. Benjamin Golden  
Dr. Aaron Gerber  
Dr. Frank B. Geibel  
Dr. L. C. Gay  
Dr. A. B. Gordon  
Dr. L. W. Harris  
Dr. E. E. Hadley  
Dr. Custis Lee Hall  
Dr. F. P. Hannon  
Dr. Irvin Hantman  
Dr. Robert H. Harmon  
Dr. C. W. Harnesberger

Dr. J. F. Harrington  
Dr. Robert Havell  
Dr. Clayton Hawfield  
Dr. J. Phelps Hand, Jr.  
Dr. G. J. Hageage  
Dr. S. W. Hawken  
Dr. Fife Heath  
Dr. L. M. Heiges  
Dr. Carl Henning  
Dr. Wm. P. Herbst  
Dr. Myer Herschmann  
Dr. H. Hertzberg  
Dr. Valentine Hess  
Dr. Roy F. Higgins  
Dr. E. J. C. Hildenbrand  
Dr. J. F. Hilton  
Dr. Bradly D. Hodgkins  
Dr. R. K. Hollingsworth  
Dr. Mary Holines  
Dr. Edmond Horgan  
Dr. Joseph Horgan  
Dr. Henry Hornthall  
Dr. Frank Horvath  
Dr. Alec Horwitz  
Dr. Robert R. Hottel  
Dr. William J. P. Howard  
Dr. J. M. Howe  
Dr. Hugh Hudson, Jr.  
Dr. W. C. Huff  
Dr. Oscar B. Hunter  
Dr. C. W. Hyde  
Dr. V. B. Hungerford  
Dr. J. H. Hazard  
Dr. Harold M. Hobart  
Dr. M. D. Harrison  
Dr. Wm. A. Jack  
Dr. Ruth Jackson  
Dr. Jon Jansen  
Dr. B. L. Jarmon  
Dr. Don Johnson  
Dr. Catherine Johnson  
Dr. Richard L. Jackson  
Dr. W. D. Jarman  
Dr. Caroline Jackson

Dr. Donald W. Ingham  
 Dr. J. B. Jacobs  
 Dr. Millard Jeffrey  
 Dr. Gladys H. Kain  
 Dr. Howard F. Kane  
 Dr. James P. Kane  
 Dr. Howard Katzman  
 Dr. M. J. Keane  
 Dr. Morton S. Kaufman  
 Dr. H. W. Kearney  
 Dr. T. J. Kelly, Jr.  
 Dr. Adam Kemble  
 Dr. T. F. Keliher  
 Dr. Allen King  
 Dr. M. Van Kinsbergen  
 Dr. Jacob Kotz  
 Dr. S. E. Kramer, Jr.  
 Dr. A. F. Kreglow  
 Dr. Joseph Kreiselman  
 Dr. J. Krick  
 Dr. M. J. Kossow  
 Dr. D. H. Kushner  
 Dr. Franklin Kreuzburg  
 Dr. Clarence J. Kelley  
 Dr. Lewis A. Klein  
 Dr. T. G. Klumpp  
 Dr. B. P. Lafsky  
 Dr. Wm. J. Lally  
 Dr. Guy Latimer  
 Dr. Tom Latimer  
 Dr. T. F. Law  
 Dr. G. W. Leadbetter  
 Dr. B. W. Leonard  
 Dr. R. M. LeComté  
 Dr. Isadore Levin  
 Dr. A. C. Leonardo  
 Dr. Philip Litvin  
 Dr. Harry S. Lewis  
 Dr. Wm. E. Long  
 Dr. H. M. Lowden  
 Dr. T. F. Lowe  
 Dr. Daniel Lynch  
 Dr. H. S. Lewis  
 Dr. G. P. Lemiskewsky

Dr. L. W. Malin  
 Dr. K. Charles Latven  
 Dr. Harold Levine  
 Dr. Virginia S. Lane  
 Dr. B. Manchester  
 Dr. W. W. Martin  
 Dr. A. M. MacDonald  
 Dr. E. B. Macon  
 Dr. G. H. Magee  
 Dr. Wm. J. Mallory  
 Dr. J. W. Mankin  
 Dr. J. T. Mann  
 Dr. J. B. Marbury  
 Dr. Emmett Markwood  
 Dr. A. E. Marland  
 Dr. H. E. Hartyn  
 Dr. J. J. Mattare  
 Dr. T. Mattingly  
 Dr. R. V. Mattingly  
 Dr. R. S. McCeney  
 Dr. Francis McDonald  
 Dr. H. J. R. McNitt  
 Dr. E. P. McLarney  
 Dr. W. P. McNeill  
 Dr. R. J. McNulty  
 Dr. Charles M. Musso  
 Dr. A. Louise McNutt  
 Dr. G. H. McLain  
 Dr. Wm. C. Meloy  
 Dr. S. V. Meade  
 Dr. Fofu Mexitis  
 Dr. W. S. Miller  
 Dr. C. W. Mitchell  
 Dr. R. H. Mitchell  
 Dr. Brayton O. Myers  
 Dr. T. Moody  
 Dr. Wm. A. Morgan  
 Dr. John E. Morris  
 Dr. Wm. Ross Morris  
 Dr. J. L. MacKavanaugh  
 Dr. H. T. Morse  
 Dr. W. B. Morse  
 Dr. W. B. Moyers  
 Dr. Herbert C. McClure

Dr. Donald Mitchell  
 Dr. J. J. Mundell  
 Dr. Wm. S. Murphy  
 Dr. Wm. A. Mess  
 Dr. A. J. Mourot  
 Dr. G. Martin  
 Dr. B. H. Menke  
 Dr. Ernest Michaelson  
 Dr. M. Mendelsohn  
 Dr. Julius Nevisser  
 Dr. Sigmund Newman  
 Dr. Howard Newton  
 Dr. A. C. Norcross  
 Dr. Roy Nicholson  
 Dr. J. H. Novick  
 Dr. Wm. A. Norton  
 Dr. H. E. Newman  
 Dr. Esther Nathanson  
 Dr. Leon Nathanson  
 Dr. S. M. Novack  
 Dr. R. O'Donnell, Jr.  
 Dr. J. A. O'Keefe  
 Dr. John Orem  
 Dr. Wm. I. Ogus  
 Dr. H. B. Orleans  
 Dr. M. F. Ottman  
 Dr. S. L. Owens  
 Dr. J. B. Orr  
 Dr. Francis J. O'Bryan  
 Dr. Albert Pagan  
 Dr. H. P. Parker  
 Dr. P. C. Pelland  
 Dr. D. Penhallow  
 Dr. W. R. Perkins  
 Dr. Ed. F. Pickford  
 Dr. M. Pickford  
 Dr. C. S. Pincock  
 Dr. Glen Pincock  
 Dr. J. B. Piggott  
 Dr. Walter Price  
 Dr. Weldon A. Price  
 Dr. Matthew White Perry  
 Dr. E. J. Parent  
 Dr. M. H. Prosperi

Dr. Paul S. Putzki  
 Dr. J. C. Pyles  
 Dr. A. A. Preece  
 Dr. Alfred M. Palmer  
 Dr. Edna F. Patterson  
 Dr. Henry L. Peckham, Jr.  
 Dr. John E. Payne  
 Dr. Russell C. Payne  
 Dr. H. P. Ramsey  
 Dr. G. H. Rawson  
 Dr. J. R. Raedy  
 Dr. Marie Ramme  
 Dr. Boyd Read  
 Dr. Wm. P. Reeves  
 Dr. F. X. Richardson  
 Dr. C. P. Reeves  
 Dr. B. W. Richwine  
 Dr. A. L. Riddick  
 Dr. W. S. Ritchie  
 Dr. Isadore Rod  
 Dr. J. A. Rolls  
 Dr. F. S. Rogers, Jr.  
 Dr. R. M. Rosenberg  
 Dr. M. T. Rosser  
 Dr. Wm. A. Ryon  
 Dr. C. P. Ryland  
 Dr. Ignatitus Rutkoski  
 Dr. L. T. Rusmisells  
 Dr. Isabel Reith  
 Dr. Murry M. Robinson  
 Dr. John Reisinger  
 Dr. Anna Tulman Rand  
 Dr. Louis Ross  
 Dr. C. F. Scalessa  
 Dr. Francis St. Clair  
 Dr. J. B. Sheffery  
 Dr. Fred Sanderson  
 Dr. F. Schreiber  
 Dr. Henry Schreiber  
 Dr. E. W. Schwartz  
 Dr. Petrena Shea  
 Dr. Saul Schwartzbach  
 Dr. R. L. Sexton  
 Dr. Frank Shaffer

Dr. William A. Shannon  
Dr. J. P. Shearer  
Dr. Richard Silvester  
Dr. N. N. Smiler  
Dr. Leo Solet  
Dr. F. G. Speidel  
Dr. R. Lee Spire  
Dr. P. A. E. Stebbing  
Dr. John U. Schwarzman  
Dr. Harry Sacks  
Dr. E. T. Stephenson  
Dr. H. E. Steiman  
Dr. Alfred Suraci  
Dr. H. H. Strine  
Dr. X. C. Suraci  
Dr. Norman C. Shoemaker  
Dr. F. N. Strawbridge  
Dr. Carl Silverman  
Dr. S. Speyer  
Dr. Richard H. Spire  
Dr. Leon Seley  
Dr. S. Schwartz  
Dr. Daniel Sondheimer  
Dr. Sylvan A. Steiner  
Dr. Laey J. Salan  
Dr. Joseph Bart Sheffery  
Dr. J. T. Schnelly  
Dr. Earl Templeton  
Dr. F. D. Threadgill  
Dr. Roy Anson Thornley  
Dr. Joel A. Tilton  
Dr. E. W. Titus  
Dr. J. H. Trinder  
Dr. Lyman Tibbetts

Dr. George Tolstoi  
Dr. A. W. Valentine  
Dr. H. D. Vazzana  
Dr. S. F. Verges  
Dr. Joseph J. Wallace  
Dr. J. O. Warfield, Jr.  
Dr. Otto N. Warner  
Dr. J. C. Waters  
Dr. W. B. Wardrop  
Dr. D. L. Weinstein  
Dr. J. F. Warren  
Dr. D. B. Washington  
Dr. C. A. Weaver  
Dr. H. S. Weitzman  
Dr. A. M. Wheeler  
Dr. J. J. Whisman  
Dr. C. S. White  
Dr. F. L. Williman  
Dr. H. A. Wood  
Dr. J. C. Wynkoop  
Dr. W. B. Walters  
Dr. D. White  
Dr. Oscar Wilkinson  
Dr. Samuel H. Williams  
Dr. Charles H. Wolohon  
Dr. Allen Widome  
Dr. Alvin E. Wode  
Dr. B. P. Warren  
Dr. Karl Haydon Wood  
Dr. Alfred Wilson  
Dr. Wm. G. Young  
Dr. J. R. Young  
Dr. Harry Zehner



Gov. Ex. 494

The Medical Society of the District of Columbia

1718 M Street, N. W.

Washington

July 29, 1937.

## TO THE SUPERINTENDENT:

Pursuant to action of the Executive Committee, held on the evening of July 12, 1937, and in fulfilment of Chapter IX, Article IV, Section 5 of the Constitution, your attention is hereby called to the list of organizations, groups and individuals herewith enclosed. The approved list is on file with the Secretary's Office. The amendment is now in force. Any violation thereof will make a member liable according to the provisions of the constitution:

## Chapter IX, Article IV, Sec. 5:

"No member of the Society shall engage in any professional capacity whatsoever with any organization, group or individual, by whatever name called or however organized, engaged in the practice of medicine within the District of Columbia or within 10 miles thereof, which has not been approved by the Society.

"The Executive Committee is authorized and directed to prepare an approved list of organizations, groups and individuals, by whatever name called and however organized, engaged in the practice of medicine within the District of Columbia or within 10 miles thereof, and the same shall be kept in the office of the Secretary-Treasurer. Before any such organization, group or individual can be placed on the approved list of the Society, such organization, group or individual, or the member of the Society proposing professional relations therewith, shall submit to the Compensation, Contract and Industrial Medicine Committee such evidence as the Committee or the Society may require showing the character, activities, financial condition and ethical standards of said organization, group or individual, and after considering the same, said committee shall make a report of its investigation and findings to the Executive Committee for such action as it may deem necessary."

Very truly yours, C. B. Conklin, M.D., Secretary.

# The Medical Society of the District of Columbia

1718 M Street

(Telephone: District 3111)

Approved List of Organizations, Groups and Individuals, engaged in the practice of medicine within the District of Columbia or within 10 miles thereof. (Chapter IX, Article IV, Section 5 of the Constitution.)

1. All members of the Medical Society of the District of Columbia.

2. Medical staffs of all hospitals, institutions and clinics, each member of which has been approved by the Medical Society of the District of Columbia.

3. The United States Government Medical Personnel on duty in the District of Columbia, or within 10 miles thereof, i. e., the United States Army, Navy, Public Health Service, and the Veterans' Administration.

4. The Health Officer and attached medical personnel.

5. Membership of the District of Columbia Dental Society.

6. Membership of the Homeopathic Medical Society.

7. Members of the Montgomery County (Md.), Prince Georges County (Md.), Fairfax County (Va.), and Arlington County (Va.) Medical Societies, who reside within 10 miles of the District of Columbia.

8. Members of the Alexandria Medical Society.

9. The following Compensation Clinics:

## Operated by

Farragut Medical Clinic	Frank E. Gantz, M. D.
First Aid Station	Arch L. Riddick, M. D.
Harry M. Lewis Clinic	Harry M. Lewis, M. D.
Market Compensation Accident Clinic	M. J. Kossow, M. D.
Northeast Insurance Clinic	G. Henry Rawson, M. D.
Union Market Workmen's Compensation Clinic	Maxwell Hurston, M. D.
Washington Industrial Accident Clinic	Edward Clark Morse, M. D.
Washington Medical Building Workmen's Clinic	Charles S. White, M. D.

10. All medical personnel employed by the Federal or Municipal Governments within the District of Columbia or within 10 miles thereof.

11. Membership of the Medico-Chirurgical Society (colored Medical Society).

12. Membership of the Robert T. Freeman Dental Society (colored Dental Society).

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Gov. Ex. 495

The Medical Society of the District of Columbia

Successor (1911) to the Medical Society of the District of Columbia, Founded September 26, 1817, and the Medical Association of the District of Columbia, Founded January 11, 1833, 1718 M Street, Washington.

Office of Secretary-Treasurer

December 2, 1937.

Chief of Staff, Sibley Memorial Hospital, 1140 N. Capitol Street, Washington, D. C.

DEAR DOCTOR:

Pursuant to formal action of the Medical Society of the District of Columbia, in session on the evening of December 1, 1937, the attached resolution is sent you.

Very truly yours, C. B. Conklin, M. D., Secretary.

CBC/dw.

Encl.

The Medical Society of the District of Columbia

1718 M Street

Washington

Resolution adopted by the Society, in session on the evening of December 1, 1937:

Resolved, That as a matter of educational policy the Medical Society of the District of Columbia strongly recommends that all hospitals engaged in the teaching and training of residents, interns, and nurses, where possible,

follow the recommendation of the American Medical Association regarding the constitution of their entire Medical Staffs, namely, that each appointee be a member of the Medical Society of the District of Columbia or a local medical society in this immediate neighborhood and a member of the American Medical Association.

Gov. Ex. 500

The Medical Society of the District of Columbia

1718 M Street, N. W.

Washington

July 29, 1937.

TO THE SUPERINTENDENT:

Pursuant to action of the Executive Committee, held on the evening of July 12, 1937, and in fulfilment of Chapter IX, Article IV, Section 5 of the Constitution, your attention is hereby called to the list of organizations, groups and individuals herewith enclosed. The approved list is on file with the Secretary's Office. The amendment is now in force. Any violation thereof will make a member liable according to the provisions of the Constitution:

Chapter IX, Article IV, Sec. 5:

"No member of the Society shall engage in any professional capacity whatsoever with any organization, group or individual, by whatever name called or however organized, engaged in the practice of medicine within the District of Columbia or within 10 miles thereof, which has not been approved by the Society.

"The Executive Committee is authorized and directed to prepare an approved list of organizations, groups and individuals, by whatever name called and however organized, engaged in the practice of medicine within the District of Columbia or within 10 miles thereof, and the same shall be kept in the office of the Secretary-Treasurer. Before any such organization, group or individual can be placed on the approved list of the Society, such organization, group or individual, or the member of the Society proposing professional relations therewith, shall submit to the Compensation, Contract and Industrial Medicine Committee such

evidence as the Committee or the Society may require showing the character, activities, financial condition and ethical standards of said organization, group or individual, and after considering the same, said committee shall make a report of its investigation and findings to the Executive Committee for such action as it may deem necessary."

Very truly yours, C. B. Conklin, M. D., Secretary.

The Medical Society of the District of Columbia

1718 M Street

(Telephone: District 3111)

Approved List of Organizations, Groups and Individuals, engaged in the practice of medicine within the District of Columbia or within 10 miles thereof. (Chapter IX, Article IV, Section 5 of the Constitution.)

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2. Medical staffs of all hospitals, institutions and clinics, each member of which has been approved by the Medical Society of the District of Columbia.

3. The United States Government Medical Personnel on duty in the District of Columbia, or within 10 miles thereof, i. e., the United States Army, Navy, Public Health Service, and the Veterans' Administration.

4. The Health Officer and attached medical personnel.

5. Membership of the District of Columbia Dental Society.

6. Membership of the Homeopathic Medical Society.

7. Members of the Montgomery County (Md.), Prince Georges County (Md.), Fairfax County (Va.), and Arlington County (Va.) Medical Societies, who reside within 10 miles of the District of Columbia.

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Operated by

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First Aid Station	Arch L. Riddick, M. D.
Harry M. Lewis Clinic	Harry M. Lewis, M. D.
Market Compensation Accident Clinic	M. J. Kossow, M. D.



Northeast Insurance Clinic	G. Henry Rawson, M. D.
Union Market Workmen's Compensation Clinic	Maxwell Hurston, M. D.
Washington Industrial Acci- dent Clinic	Edward Clark Morse, M. D.
Washington Medical Build- ing Workmen's Clinic	Charles S. White, M. D.

10. All medical personnel employed by the Federal or Municipal Governments within the District of Columbia or within 10 miles thereof.

11. Membership of the Medico-Chirurgical Society (colored Medical Society).

12. Membership of the Robert T. Freeman Dental Society (colored Dental Society).

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Gov. Ex. 504

Providence Hospital

Washington, D. C.

Regular Staff, 1938

Allman, Dr. Francis C.	Flynn, Dr. James A.
Angevine, Dr. Walter K.	Finnegan, Dr. J. F.
Argy, Dr. William P.	Fields, Dr. Russell J.
Bernton, Dr. Harry S.	Fadeley, Dr. James M.
Bowie, Dr. Andrew K.	Gillen, Dr. James H.
Cahill, Dr. James A., Jr.	Gaffney, Dr. Leo B.
Carbo, Dr. Ralph J.	Horgan, Dr. Edmund
Caulfield, Dr. Philip A.	Holden, Dr. Raymond T., Jr.
Caylor, Dr. Claude C.	Horgan, Dr. Joseph
Collins, Dr. Thomas F.	Hollingsworth, Dr. Russell
Conlon, Dr. R. J.	K.
Connolly, Dr. A. J.	Higgins, Dr. Roy F.
Cooper, Dr. R. U.	Hess, Dr. Valentine M.
Cummings, Dr. E. J.	Henning, Dr. Carl
Duehring, Dr. F. E.	Hawken, Dr. Stafford W.
Dunne, Dr. Francis W.	Kane, Dr. James P.
Ellis, Dr. George J.	Kelley, Dr. J. Thomas
Eisenberg, Dr. Herman	Kittridge, Dr. H. E.
Early, Dr. James H.	Lally, Dr. William J.
Fulcher, Dr. O. H.	Leibel, Dr. Casimir

Murphy, Dr. C. J.  
 Mundell, Dr. J. J.  
 Moore, Dr. T. V.  
 Moody, Dr. Terrell  
 Martin, Dr. W. W.  
 Marbury, Dr. C. C.  
 Manganaro, Dr. R. N.  
 Maher, Dr. R. E.  
 McNamara, Dr. C. E.  
 McInerney, Dr. M. J.  
 McDonald, Dr. F. M.  
 McCarthy, Dr. S. A.  
 Neuman, Dr. Lester  
 O'Keefe, Dr. James A.  
 O'Donnell, Dr. P. J.  
 O'Donnell, Dr. W. F.

Putzki, Dr. Paul S.  
 Penhallow, Dr. D. P.  
 Reuter, Dr. F. A.  
 Raedy, Dr. J. R.  
 Sanderson, Dr. F. R.  
 Schreiber, Dr. F. C.  
 Shea, Dr. F. R.  
 Schreiber, Dr. H. R.  
 Shepherd, Dr. E. R.  
 Suraci, Dr. C. X.  
 Talbot, Dr. J. A.  
 Thompson, Dr. J. L., Sr.  
 Thompson, Dr. J. L., Jr.  
 Van Natta, Dr. P. C.  
 Virnstein, Dr. J. E.  
 Wilkinson, Dr. R. W.

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Gov. Ex. 506

**The Medical Society of the District of Columbia**

Successor (1911) to the Medical Society of the District of Columbia, Founded September 26, 1817, and the Medical Association of the District of Columbia, Founded January 11, 1833.

1718 M Street, Washington

Office of Secretary-Treasurer

December 2, 1937.

Chief of Staff, Providence Hospital, 2nd and D Streets,  
 S. E., Washington, D. C.

DEAR DOCTOR:

Pursuant to formal action of the Medical Society of the District of Columbia, in session on the evening of December 1, 1937, the attached resolution is sent you.

Very truly yours, C. B. Conklin, M.D., Secretary.

CBC/dw

Encl.

The Medical Society of the District of Columbia

1718 M Street

Washington

Resolution adopted by the Society, in session on the evening of December 1, 1937:

RESOLVED, That as a matter of educational policy the Medical Society of the District of Columbia strongly recommends that all hospitals engaged in the teaching and training of residents, interns, and nurses, where possible, follow the recommendation of the American Medical Association regarding the constitution of their entire Medical Staffs, namely, that each appointee be a member of the Medical Society of the District of Columbia or a local medical society in this immediate neighborhood and a member of the American Medical Association.

*Rev. 507*

Minutes of the Meeting of the Medical Board of Columbia Hospital at 11:30 A. M. April 14, 1938

The Medical Board met at the Hospital at 11:30 A. M. this date.

Present: Drs. Sprigg, Silvester, Mundell, Copeland, Ashburn and McNitt.

The minutes of the meetings of March 10th and March 30th were read and approved. The secretary reported the occupancy for March 70.8% on the Gynecological side with 136 operations, one death and one autopsy; 88.3% on the Obstetrical side, with 179 births, including 4 stillbirths. There were eight post-natal deaths, with seven autopsies.

The following applications for courtesy privileges in Class 3 were approved for recommendation to the Board of Directors:

Dr. Cecil L. Fufeld, Dr. Russell Edmonston, Dr. Herbert S. Gates, Dr. Richard B. Castell, Dr. Robert H. Harmon, Dr. Andrew J. Betz, Dr. W. S. Blakiston.

The application of Dr. George W. Reeves for privileges in classes 1 & 2 was approved with the usual cautionary proviso extended to all of our recent residents.

The application of Dr. A. Stephen Hulbert for privileges in class 3 was tabled.

The application of Dr. Morton A. Kaufman for privileges in classes 1 & 2 was held over pending receipt of advice from the Washington Gynecological Society.

The Committee on Staff Conference recommended for the next program the following cases:

Gyn. 81693—Dr. Kelley. Cholecystitis and cholélithiasis, cholecystectomy, appendectomy, left perinephritic abscess, stitch abscess, anemia. Recovery.

Ob. 82500—Dr. Warren. Premature rupture of membranes, prepartum hemorrhage—bag induction, puerperal fever—mastitis. Death of the infant.

Ob. 82097—Dr. Titus. Caesarean section—Fracture of right femur of infant.

The committee also recommended that Dr. Kilmer read a statistical analysis of the Obstetric work of the Hospital for the year 1937, and that Dr. Cajigas report concerning recent important pathological findings in newborn infants. The program was approved.

The secretary reported that Dr. Kelley desires to have Dr. James P. Kane and Dr. Edwin McNamara as assistants in the clinic.

It was suggested, moved and carried that Dr. Cajigas be made a member of the committee on Staff Conference program:

The meeting adjourned at 12:30 P. M.

Signed, P. M. Ashburn, M. D., Secretary Medical Board.

*Sec. Ex 513*

Columbia Hospital for Women  
OBSTETRICS

Chief	Associate	Assistants
Dr. Sprigg	Dr. Haynes	Dr. Harris
Dr. Mundell	Dr. Cusack	Dr. Loftus
Dr. Silvester	Dr. Thomas	Dr. King
Dr. Willson	Dr. Preece	Dr. Warren
		Dr. Cockerille
		Dr. Conley
		Dr. Holden
		Dr. Waters

GYNECOLOGY

Dr. Kelley	Dr. Wynkoop	Dr. Kushner
Dr. Miller	Dr. McNitt	Dr. Holden
Dr. Crowley	Dr. Costello	Dr. Morgan
		Dr. Hawken
		Dr. Lynch
		Dr. Brown
		Dr. Waters
		Dr. Warren
Dr. Titus	Dr. Hixson	

## PEDIATRICS

Dr. Copeland

Dr. McLeod  
Dr. Schutz

Dr. Nachlas

## ANESTHETISTS

Dr. Lowe

Dr. Mann  
Dr. Bolton  
Dr. Sohn

Dr. Warren

## PATHOLOGIST

Dr. Cajigas

## RADIOLOGIST

Dr. Moore

Dr. Abbe

Dr. McClatchie  
Assistant in Dermatology and  
Assistant in Syphilology

## OBSTETRICS

Dr. Mundell

Dr. Cusack

Dr. King  
Dr. Warren  
Dr. G. Reeves  
Dr. Conley  
Dr. Waters  
Dr. Holden  
Dr. Harris  
Dr. Loftus

Dr. Silvester

Dr. Thomas

Dr. Willson

Dr. Preece

Dr. Sprigg

Dr. Haynes

## GYNECOLOGY

Dr. Crowley

Dr. Costello

Dr. Kelly

Dr. J. Wynkoop

Dr. McNitt

Dr. Cockerille

Dr. Titus

Dr. Hixson

Dr. Lynch  
Dr. Brown  
Dr. Beard  
Dr. Hawken  
Dr. C. Reeves  
Dr. J. Kane  
Dr. V. McNamara  
Dr. D. Kushner  
Dr. Holden  
Dr. Richwine  
Dr. Waters  
Dr. Warren  
Dr. C. Reeves

## PEDIATRICS

Dr. Copeland

Dr. McLeod  
Dr. Schutz

## ANESTHETISTS

Dr. Love

Dr. Mann  
Dr. Bolton  
Dr. Sohn

Dr. Warren

## PATHOLOGIST

Dr. Cajigas

## RADIOLOGIST

Dr. Moore

Dr. Abbe

Dr. McClatchie  
Assistant in Dermatology and  
Assistant in Syphilology

## Committees of Medical Staff During the Year 1937

Dr. J. J. Mundell, Dr. J. F. Crowley, to consider and make recommendation upon four applicants for Courtesy Staff privileges (1/26/37).



Dr. E. W. Titus, Dr. R. L. Silvester, to examine and make recommendation concerning the Courtesy Staff List before the next Medical Board Meeting (1/26/37).

Dr. R. L. Silvester, Dr. J. F. Crowley, Dr. T. F. Lowe, on Safety of Anesthesia.

Dr. E. W. Titus, Dr. J. J. Mundell, Col. P. M. Ashburn, Interne Committee.

Dr. E. W. Titus, Dr. R. L. Silvester, Col. P. M. Ashburn, to study the advisability of restricting or curtailing the Courtesy List (9/28/37).

Dr. E. W. Titus, Dr. Prentiss Willson, to draw up a resolution on Dr. G. Brown Miller's death.

### Committees of Medical Staff During the Year 1938

Dr. J. F. Crowley, Dr. R. L. Silvester, Col. P. M. Ashburn, to consider application of Dr. Cox for Courtesy Staff privileges.

Dr. R. L. Silvester, Dr. H. J. Russell McNitt, Col. P. M. Ashburn, Interne Committee.

Dr. Edgar Copeland, Dr. Tomas Cajigas, Col. P. M. Ashburn, supervise control of and cooperate with Health Department in the matter of outbreak of diarrhea among infants.

Dr. J. F. Crowley, Dr. J. Thomas Kelley, Col. P. M. Ashburn, to review clinical charts.

Dr. Prentiss Willson, Dr. H. J. Russell McNitt, to take charge of one of the D. C. Medical Society Scientific programs.

Dr. Prentiss Willson, Col. P. M. Ashburn, Supt., to inspect the hospital periodically with the Superintendent.

Dr. E. W. Titus, Dr. H. J. Russell McNitt, to advise application blanks for residents' and courtesy staff privileges.

### Consulting Staff

#### General Medicine

Sterling Ruffin.  
Edwin P. Behrend  
William B. Sims  
Roy D. Adams

#### Surgery

Howard F. Strine  
Charles Stanley White  
Edmund Horgan  
Harry H. Kerr  
James A. Cabill  
Paul Putski

## Pediatrics

**Edgar Copeland**  
**Harry Hampton Donnally**

## Urology

**J. M. Fadeley  
W. C. Sterling  
R. M. LeComte  
Wm. P. Herbst**

## Proctology

G. W. Ault

## Dermatology

Henry H. Hazen  
F. J. Eichenlaub

## Ophthalmology

**William T. Davis**  
**Carl Henning**

## Otology & Laryngology

**William B. Mason**  
**J. C. Bradley**  
**W. H. Jenkins.**

## Orthopedic Surgery

**John Allan Talbot**  
**C. L. Hall**  
**P. E. Larkin**

## Cardiology

J. A. Lyon  
T. S. Lee

## Plastic Surgery of the Newborn

Robert E. Moran

### H. W. Lawson—Emeritus in Obstetrics

W. Sinclair Bowen— " " "

\* Louise Taylor-Jones → " " Pediatrics

Emma Irving O.— " " Orthopedic Surgery

Gov. Ex. 514

## The Medical Society of the District of Columbia

1718 M Street, N. W.

## Washington

July 29, 1937.

**TO THE SUPERINTENDENT:**

Pursuant to action of the Executive Committee, held on the evening of July 12, 1937, and in fulfilment of Chapter IX, Article IV, Section 5 of the Constitution, your attention is hereby called to the list of organizations, groups and individuals herewith enclosed. The approved list is on file with the Secretary's Office. The amendment is now in force. Any violation thereof will make a number liable according to the provisions of the Constitution:

# Chapter IX, Article IV, Sec. 5:

"No member of the Society shall engage in any professional capacity whatsoever with any organization, group or individual, by whatever name called or however organized, engaged in the practice of medicine within the District of Columbia or within 10 miles thereof, which has not been approved by the Society.

"The Executive Committee is authorized and directed to prepare an approved list of organizations, groups and individuals, by whatever name called and however organized, engaged in the practice of medicine within the District of Columbia or within 10 miles thereof, and the same shall be kept in the office of the Secretary-Treasurer. Before any such organization, group or individual can be placed on the approved list of the Society, such organization, group or individual, or the member of the Society proposing professional relations therewith, shall submit to the Compensation, Contract and Industrial Medicine Committee such evidence as the Committee or the Society may require showing the character, activities, financial condition and ethical standards of said organization, group or individual, and after considering the same, said committee shall make a report of its investigation and findings to the Executive Committee for such action as it may deem necessary."

Very truly yours, C. B. Conklin, M. D., Secretary.

The Medical Society of the District of Columbia

1718 M Street

(Telephone: District 3111)

Approved List of Organizations, Groups and Individuals, engaged in the practice of medicine within the District of Columbia or within 10 miles thereof. (Chapter IX, Article IV, Section 5 of the Constitution.)

1. All members of the Medical Society of the District of Columbia.

2. Medical staffs of all hospitals, institutions and clinics, each member of which has been approved by the Medical Society of the District of Columbia.

3. The United States Government Medical Personnel on duty in the District of Columbia, or within 10 miles thereof, i.e., the United States Army, Navy, Public Health Service, and the Veterans' Administration.

4. The Health Officer and attached medical personnel.
5. Membership of the District of Columbia Dental Society.
6. Membership of the Homeopathic Medical Society.
7. Members of the Montgomery County (Md.), Prince Georges County (Md), Fairfax County (Va.), and Arlington County (Va.) Medical Societies, who reside within 10 miles of the District of Columbia.
8. Members of the Alexandria Medical Society.
9. The following Compensation Clinics:

Farragut Medical Clinic  
First Aid Station  
Harry M. Lewis Clinic  
Market Compensation Accident Clinic  
Northeast Insurance Clinic  
Union Market Workmen's Compensation Clinic  
Washington Industrial Accident Clinic  
Washington Medical Building Workmen's Clinic

Operated by

Frank E. Gantz, M.D.  
Arch L. Riddick, M.D.  
Harry M. Lewis, M.D.  
H. J. Kossow, M.D.  
G. Henry Rawson, M.D.  
Maxwell Hurston, M.D.  
Edward Clark Morse, M. D.

Charles S. White, M. D.

10. All medical personnel employed by the Federal or Municipal Governments within the District of Columbia or within 10 miles thereof.

11. Membership of the Medico-Chirurgical Society (colored Medical Society).

12. Membership of the Robert T. Freeman Dental Society (colored Dental Society).

Gov. Ex. 515

The Medical Society of the District of Columbia  
Successor (1911) to the Medical Society of the District of Columbia, Founded September 26, 1817, and the Medical Association of the District of Columbia, Founded January 11, 1833.

1718 M Street

Washington

Office of Secretary-Treasurer

December 2, 1937.

Chief of Staff, Columbia Hospital, 25th and L Streets, N. W.,  
Washington, D. C.

DEAR DOCTOR:

Pursuant to formal action of the Medical Society of the District of Columbia, in session on the evening of December 1, 1937, the attached resolution is sent you.

Very truly yours, C. B. Conklin, M.D., Secretary.

CBC/dw

Encl.

## Gov. Ex. 518

Meeting of the Executive Committee  
On Hospital Administration

(Except)

Dr. Coe read the following names of men approved for hospital practice:

Dr. H. A. Wood, major and minor surgery.

Dr. Allan E. Lee, medicine, minor surgery, normal obstetrics.

Dr. Wendell P. Blake, medicine, major and minor surgery.

Dr. Stewart M. Grayson, major and minor surgery, obstetrics and gynecology.

Dr. Merton E. Twogood, medicine, minor surgery.

Dr. Philip A. Degan, medicine and normal obstetrics.

Dr. Carson Lee Fifer, major and minor surgery and gynecology.

Dr. Edward A. Cafritz, major and minor surgery and gynecology.

Dr. John G. Ball, medicine and normal obstetrics.

Dr. Henry L. Bastien, medicine, minor surgery and normal obstetrics.

Dr. E. G. Bauersfeld, medicine, minor surgery and normal obstetrics.

Dr. Margaret Nicholson, medical pediatrics.

Dr. John H. Lyons, major surgery and minor surgery.

Dr. George W. Creswell, medicine.

Dr. John J. Lynch, major and minor surgery, obstetrics and gynecology.

Dr. Charles P. Ryland, medicine, minor surgery, normal obstetrics.

Dr. Virginia E. Lane, obstetrics.

Dr. M. T. Rosser, medicine and normal obstetrics.

Dr. Ernest J. Parent, medicine, minor surgery, normal obstetrics and non-operative gynecology.

Dr. Floyd S. Rogers, gynecology and obstetrics.

Dr. Coe read a letter from Dr. Howe in which he was re-applying for hospital privileges. Action on letter not taken.

Dr. Hickling spoke in favor of Dr. Howe but said he would be guided by committee action.

Sister Rodriguez said that Dr. Hulbert has a patient in an obstetrical ward which was admitted as emergency. Would like some ruling on such cases.



Dr. Wall said that Children's Hospital has adopted the following report in regard to such cases. This copy was given to Sister Rodriguez.

Dr. Stanton moved that we adopt this report of Children's Hospital pertaining to emergency case of Group Health Association, Inc.

Father McCauley read a letter from Dr. Rhuland concerning appointments at Gallinger Hospital and in which certain heads of departments were asked to meet in Dr. Rhuland's office for consideration of applicants.

There being no further business motion made to adjourn at 1:45 P. M.

Signed: V. J. Dardinski, M. D., Secretary.

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Gov. Ex. 519

General Staff

Abernathy, T. J.  
 Angevine, K. Walter  
 Abramson, Herbert  
 Alexander, S. A.  
 Alfaro, Victor.  
 Argy, W. P.  
 Aronstein, Charles G.  
 Atkinson, Walter  
 Aschebach, E. H.  
 Ault, G. W.  
 Avery, F. Scott  
 Baker, Wyrth P.  
 Ballinger, W. M.  
 Barr, Wm. C.  
 Battles, S. L.  
 Beard, Wm. H.  
 Becker, Maurice Joseph  
 Behrend, E. B.  
 Belt, Norvell  
 Benjamin, S.  
 Beronstein, Stanley  
 Bauersfeld, G. E.  
 Betz, Andrew T.  
 Briggs, C. D.

Bier, R. A.  
 Biggs, J. R.  
 Bowen, W. S.  
 Bastien, L. Henry  
 Bradley, Thomas  
 Ball, G. John  
 Breeding, E. H.  
 Blake, P. Wendell  
 Brue, P. Peter  
 Burbank, Caryl  
 Cahill, A. J.  
 Cake, P. Chas.  
 Canada, C. Charles  
 Casady, J. Warren  
 Conlon, J. R.  
 Caulfield, A. P.  
 Conley, J. Leonard  
 Colvin, L. H.  
 Collins, F. Thomas  
 Collins, J. Lloyd  
 Claude, L. H.  
 Coe, Fred  
 Clark, Earl Wm.  
 Chase, W. S.

Chickering, E. E.  
 Cavanagh, John R.  
 Chapman, Katherine  
 Chase, Morris  
 Cate, L. Huntley  
 Cummings, J. E.  
 Cusack, J. Wm.  
 Crowley, F. J.  
 Cox, C. O.  
 Cromer, J. K.  
 Courtney, X. F.  
 Cousins, C. S.  
 Cooper, Linn  
 Costello, R. James  
 Constantinople, S. P.  
 Creswell, W. George  
 Cafritz, A. Edward  
 Corley, C. Karl  
 Detwiler, Robert  
 DeButts, Richard  
 Delaney, D. Martin  
 Davis, J. H.  
 Dean, F. B.  
 Darner, L. H.  
 Damian, Julian  
 Davis, Daniel  
 Davies, F. Harry  
 Duehring, E. Frank  
 Dunn, A. A. E.  
 Donn, Y. F.  
 Donovan, I. Leo  
 Dessoiff, Joseph  
 Dessoiff, Samuel  
 DeVito, Michael  
 Dewey, George  
 Dodek, Samuel  
 Donahue, E. M.  
 Dolan, V. John  
 Davis, W. Edgar  
 Degnan, A. Philip  
 Earley, H. James  
 Eichenlaub, Frank  
 Ellis, George  
 Engh, O. Anderson

Esler, W. James  
 Fadeley, M. James  
 Ferguson, A. C.  
 Feldman, Irving  
 Fields, J. Russell  
 Fierst, E. Charles  
 Fischer, B. M.  
 Fischer, Aubrey  
 Fishback, C. Fred  
 Fletcher, M. Harry  
 Friedenbergl, Harry  
 Fulcher, H. O.  
 Fifer, Lee Carson  
 Gaffney, L.  
 Grayson, M. Stewart  
 Gable, R. G.  
 Gannon, A. J.  
 Gillen, H. James  
 Gilligan, H. John  
 Golden, Benjamin  
 Gorman, A. Edward  
 Greenberg, Milton  
 Greaney, F. Wm.  
 Gwynn, B. Henry  
 Gwynn, C. Wm.  
 Halley, R. C.  
 Hall, L. Custis  
 Hammett, M. Charles  
 Hannon, P. Francis  
 Hantman, Irvin  
 Harnsberger, W. C.  
 Hawfield, James  
 Hawkin, S. W.  
 Hazel, T. Jon  
 Hazen, H. H.  
 Herbst, P. W.  
 Hess, M. V.  
 Higgins, E. W.  
 Hildebrand, Emil  
 Hilton, J. F.  
 Holden, T. Raymond  
 Hollister, Wm.  
 Horgan, Edmund  
 Horgan, Joseph

Howard, W. S.  
 Horvat, S. F.  
 Huff, O. W.  
 Hussey, H. H.  
 Hungerford, B. Vincent  
 Hollingsworth, K. R.  
 Howe, M. Julian  
 Hulburt, Stephen  
 Iden, H. John  
 Jacobs, Bay J.  
 Jarman, D. W.  
 Jordan, D. J.  
 Johnson, Don  
 Katzman, Howard  
 Keane, J. Martin  
 Kelley, J. T.  
 Kerr, H. H.  
 King, E. Allen  
 Kirchner, C. Raymond  
 Knowlton, F. Don  
 Kramer, E. S.  
 Krechtling, H. E. W.  
 Krick, J. Jerome  
 Kushner, H. David  
 Kane, F. Howard  
 Kelley, J. Clarence  
 Lane, E. Virginia  
 Lally, A. Charles  
 Lackman, E. Sander  
 Lally, J. Wm.  
 Lambert, C. W.  
 Lawson, W. H.  
 LeComte, M. Ralph  
 Leonardo, Alexander  
 Levine, Isadore  
 Lewis, G. Jose  
 Linthicum, A. W.  
 Litvin, Philip  
 Loftus, M. J.  
 Love, W. J.  
 Lowe, F. Thomas  
 Lyddane, E. Stuart  
 Lee, E. Allan  
 Leonard, W. B.

Laughlin, Kenneth  
 Lynch, John J.  
 Lyons, H. John  
 McHale, J. J.  
 McInerney, J. Michael  
 McIntyre, R. J.  
 McLarney, P. E.  
 McNamara, G. Edwin  
 McNulty, R. J.  
 McNutt, Agnes  
 MacClatchie, L. Keith  
 McDonald, N. Francis  
 McChesney, M. F.  
 Marbury, C. C.  
 Marbury, B. W.  
 Markwood, H. E.  
 Martel, Leon A.  
 Martinez, A. F.  
 Mason, M. Lyle  
 Mattare, J. J.  
 Mead, V. S.  
 Miller, Beveridge  
 Mitchell, W. C.  
 Moore, Cabell W.  
 Morgan, Wm. A.  
 Morgan, Wm. Gerry  
 Morris, R. Wm.  
 Morse, E. E.  
 Moser, M. J.  
 Moulden, R. W.  
 Mundell, J. J.  
 Myers, K. Walter  
 Manganaro, N. R.  
 Maher, E. Robert  
 Murphy, Wm. S.  
 Mann, W. John  
 Nolan, E. James  
 Notes, Bernard  
 Newman, Sigmund  
 Nicholson, Margaret  
 Neill, G. T.  
 Neviasser, S. J.  
 Nealon, W. S.  
 Norris, B. L.

Nutting, K. G.  
O'Bryan, J. Francis  
O'Donnell James F.  
O'Donnell, Paul  
O'Donnell, Roger  
O'Donnell, F. W.  
Omohundro, P. Miles  
Pagan, E. A.  
Payne, Edward J.  
Palmer, M. A.  
Parker, Howard  
Pincock, Glen  
Preece, A.  
Price, Weldon  
Purse, G. Grace  
Putzki, Paul  
Parent, J. Ernest  
Quill, Thomas  
Reed, John A.  
Reeves, P. Clyde  
Read, R. Boyd  
Reeves, P. W.  
Reuter, Fred  
Richtmeyer, C. Duane  
Rodis, Isadore  
Rogers, F. J.  
Roman, O. F.  
Rosenberg, Richard N.  
Rusmiselle, T. L.  
Ryland, Charles  
Rogers, S. Floyd  
Rosser, T. M.  
Ryland, P. Charles  
Saffold, S. Guy  
Sager, W. W.  
Salan, J. Lacy  
Sandler, Lewis I.  
Sanderson, Fred  
Scheele, A.  
Schreiber, Fred  
Schultz, Bernard  
Shearer, R. J.  
Sharpe, T. F.  
Shaw, F. Richard

Shepherd, R. E.  
Shull, C. E.  
Smith, L. H.  
Snowden, E.  
Sprigg, Wm. M.  
Stanton, Wm. J.  
Stirling, W. C.  
Strine, H. F.  
Strine, H. H.  
Sutton, N. R.  
Sylvester, Richard  
Thredgill, Francis D.  
Taylor, Paul  
Trible, G. B.  
Trinder, H. J.  
Thompson, J. Lawn, Jr.  
Twogood, E. Merton.  
VanKinsberger, M.  
Verjes, Stephen  
Virnstein, J. E.  
Wall, S. J.  
Warfield, J. Ogle  
Warring, S. E.  
Warner, W. J.  
Warren, Francis J.  
Welburn, C. W.  
Weller, G. Louis  
Wells, L. R.  
White, Charles S.  
Willcutts, M. D.  
Wooldridge, Wm. N.  
Wynkoop, J. D.  
Wissler, E. J.  
Wood, A. H.  
Welch, Hugh  
Young, J. Rogers  
Yater, Wallace M.  
Zehner, Harry  
Ziegler, E. Edwin  
O'Keefe, J. A.  
Musso, Chas. M.  
Barger, G. J. P.  
Wilner, Paul R.  
Dunne, Francis W.

Coffey, Robert J.  
 April, Ellis  
 Penhallow, Dunlap  
 Dortzback, Karl  
 Sullivan, Richard F.  
 Bateman, Joseph J.  
 Williams, Frasier  
 King, C. P.

Carter, Hill  
 Manchester, Benjamin  
 Ready, Thomas J.  
 Monks, Thomas R.  
 McGriff, J. R.  
 Dominick, John Frank  
 Kincheloe, Chas. F.

Gov. Ex. 520  
 Executive Staff

1938-1939

Reverend David V. McCauley  
 George Tully Vaughan  
 James A. Cahill, Jr.  
 Fred O. Coe  
 Reginald A. Cutting  
 Vincent J. Dardinski  
 D. Percy Hieckling  
 Theodore Koppanyi  
 John D. Hird  
 Leon A. Martel  
 Mario Mollari  
 Joseph J. Mundell  
 Joseph S. Wall  
 Eugene R. Whitmore  
 Wallace M. Yater  
 Sister Superior Rodriguez  
 Henry S. Milone  
 William J. Stanton  
 John R. Cavanagh  
 Othmar Solnitsky  
 R. M. LeComte  
 John W. Warner

Credentials Committee

Sister Rodriguez  
 Dr. Leon A. Martel  
 Dr. Wallace M. Yater  
 Dr. James A. Cahill, Jr.  
 Dr. Joseph J. Mundell  
 Dr. V. J. Dardinski  
 Dr. Fred Coe



Gov. Ex. 524

The Children's Hospital  
13th and W Streets, N. W.  
Washington, D. C.

April 1, 1938.

## MEMORANDUM

Children seeking admission to the hospital because of the emergency nature of their illness will be admitted upon the authority of the Chief or Assistant Resident Physician.

If such children present surgical conditions requiring immediate operation and are under the professional care of surgeons not members of the hospital or courtesy staff, such surgeons may be permitted to operate if assisted during the operation by the Chief or Assistant Resident Physician.

In every case of emergency nature thus admitted, the attending surgeon, or physician in case of medical illness, if not a member of the hospital or courtesy staff, must sign a statement setting forth the emergent necessity for the admission of the patient and for the immediate operation, if operation be required.

The above ruling is made in conformity with the intent and purpose of General Rule #7 of the By-laws and Rules of the Children's Hospital which states: "Emergency cases take precedence over all others and over all rules and first aid is to be immediately rendered by the House Officer most available".

Joseph S. Wall, M.D., Chairman Medical Staff.

Form of statement referred to in Paragraph 3 in the memorandum above.

I hereby certify that Konrad Hooker is in need of immediate admission to the Children's Hospital, for emergency treatment.

(Signed) M. Scandiffio, M.D.

Date: 10-18-38.

Gov. Ex. 525

The Children's Hospital  
Consulting Staff

Dr. William K. Butler	Dr. William Beverly Mason
Dr. Francis R. Hagner	Dr. James M. Moser
Dr. Thomas Lee	Dr. Luther H. Reichelderfer
Dr. Frank Leech	

Attending Staff

Medical

Dr. Edgar P. Copeland	Dr. Charles Schutz
Dr. Charles B. Crawford	Dr. Edward Broocks
	Dr. Montgomery Blair, Jr.
Dr. Hugh J. Davis	Dr. Kirby Smith
	Dr. H. Lynn Colvin
Dr. Harry Donnally	
Dr. Preston A. McLendon	Dr. Kirby Smith
	Dr. Aaron Nimetz
Dr. J. H. McLeod	Dr. Harry A. Spigel
Dr. Harry A. Ong	Dr. Coursen B. Conklin
Dr. Joseph S. Wall	Dr. Marie V. Scandifio
Dr. Edward Lewis	Dr. Everett M. Ellison

Surgical

Dr. H. H. Kerr	Dr. J. Ogle Warfield
Dr. Daniel L. Borden	Dr. W. W. Sager
	Dr. B. F. Dean
	Dr. Wm. Marbury
Dr. Edmund Horgan	Dr. Joseph Horgan
	Dr. Frederick Fishback
Dr. Herbert Schoenfeld	

Orthopédic

Dr. John Allan Talbot	Dr. Paul O'Donnell
	Dr. G. W. Leadbetter
Dr. Custis Lee Hall	Dr. John E. McLain

Gynecology

Dr. E. W. Titus	Dr. Bernard Notes
	Dr. David Kushner

## Syphilology

Dr. F. H. Mistretta	Dr. E. Kirby Smith
	Dr. Elizabeth Chickering

## X-ray

Dr. Fred O. Coe	Dr. Lawrence Otell
	Dr. Isadore Lattman

## Ear, Nose and Throat

Dr. Daniel B. Moffett	Dr. S. A. Alexander
	Dr. Edward O'Brien
	Dr. Don Johnson
	Dr. Richard W. Wilkinson
	Dr. Harry Davies
Dr. Boyce Bolton	Dr. Joseph Kemp
	Dr. Charles W. Tegge
	Dr. Aubrey D. Fischer
Dr. Wm. H. Jenkins	Dr. Arthur N. Meloy
	Dr. Edward J. Cummings
	Dr. H. King Vann
Dr. Wm. Sparks	Dr. Allan Walker
	Dr. Ella Enlows

## Dermatology

Dr. C. Augustus Simpson
Dr. Harry F. Anderson

## Cardiology

Dr. James Alexander Lyon	Dr. Margaret Nicholson
--------------------------	------------------------

## Dental

Dr. J. Robert De Farges	Dr. Ralph Barnhard
-------------------------	--------------------

## Neurological

Dr. D. D. V. Stuart
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## Psychiatry

Dr. Loren B. T. Johnson	Dr. Paul Ewerhardt
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## Urology

Dr. Charles P. Howze
Dr. Thomas C. Thompson

## Anesthesia

Dr. J. T. Mann

Dr. Edward Macon  
Dr. Robert Bolton

## Pathology

Dr. J. W. Lindsay

Dr. Clarence Rice  
Dr. Maurice Selinger

## Eye

Dr. Louis Greene

Dr. James M. Greear  
Dr. Victor Simpson  
Dr. Michael Kennedy  
Dr. Frank Costenbader

Dr. Le Roy Hyde

Gov. Ex. 526

The Medical Staff of the Children's Hospital of the D. C.  
1938

Chairman—Dr. Joseph S. Wall

Vice-chairman—Dr. Edgar P. Copeland

Secretary—Dr. Harry A. Ong

## Consulting Staff

Dr. Daniel L. Borden  
Dr. Charles B. Crawford  
Dr. Francis R. Hagner  
Dr. H. H. Kerr  
Dr. Thomas S. LeeDr. Frank Leech  
Dr. William Beverley Mason  
Dr. James M. Moser  
Dr. Luther H. Reichelderfer

## Attending Staff

## Department of Medicine

Dr. Edward B. Broocks  
Dr. Edgar P. Copeland  
Dr. Hugh J. Davis

Dr. Harry H. Donnally

## Associate Staff

Dr. Montgomery Blair, Jr.  
Dr. Weldon A. Price  
Dr. Charles A. Schutz  
Dr. H. Lynn Colvin  
Dr. Joseph J. Greenlaw  
Dr. Elizabeth Chickering  
Dr. William S. Anderson

## Allergy Service

Dr. Harry F. Dowling  
Dr. Benjamin Lefsky  
Dr. G. Haven Mankin,  
E. N. T.

Dr. Preston A. McLendon	Dr. E. Kirby Smith
Dr. J. H. McLeod	Dr. Aaron Nimetz
Dr. Harry A. Ong	Dr. Harry A. Spigel
Dr. Joseph S. Wall	Dr. Robert Detwiler
	Dr. Coursen B. Conklin
	Dr. Robert A. Bier
	Dr. Charles A. Millwater
	Dr. William F. Burdick

#### Director of Out-Patient Department

Dr. Edward Lewis	Dr. Everett M. Ellison
	Dr. William G. Meiman

#### Department of Surgery

Dr. Edmund Horgan	Dr. Joseph Horgan
Dr. John H. Lyons	Dr. Frederick C. Fishback
Dr. H. H. Schoenfeld	Dr. W. W. Sager
Dr. J. O. Warfield	Dr. Thomas Bradley
	Dr. William B. Marbury
	Dr. B. F. Dean

#### Department of Plastic Surgery

Dr. Robert E. Moran	Dr. M. P. De Vito
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#### Department of Orthopedic Surgery

Dr. Custis Lee Hall	Dr. John McLain
Dr. John Allan Talbot	Dr. Frank M. Hand
	Dr. O. Anderson Engh
	Dr. Paul O'Donnell
	Dr. G. W. Leadbetter

#### Department of Pathology

Dr. J. W. Lindsay	Dr. Maurice A. Selinger
Dr. E. Clarence Rice	

#### Department of Roentgenology

Dr. Fred O. Coe	Dr. R. R. Rathbone
	Dr. J. E. Wissler



## Department of Dermatology

Dr. Harry F. Anderson	Dr. L. Keith McClatchie
	Dr. Russell J. Fields
Dr. C. Augustus Simpson	Dr. Francis Ellis

## Department of Gynecology

Dr. E. W. Titus	Dr. David Kushner
	Dr. William Beard

## Department of Laryngology, Otology and Rhinology

Dr. S. A. Alexander	Dr. Robert J. Kemp
	Dr. Charles W. Tegge
	Dr. Fordyce Johnson
Dr. William H. Jenkins	Dr. H. King Vann
	Dr. Allan E. Walker, Jr.
Dr. Daniel B. Moffett	Dr. Edward M. O'Brien
	Dr. Don Johnson
	Dr. Richard W. Wilkinson
	Dr. G. Haven Mankin

Dr. Le Roy Sawyer

## Junior Associates

Dr. Frederic Moretti
Dr. Irvin Feldman

## Associates

Dr. Ella Enlows
Dr. Aubrey Fischer

## Department of Ophthalmology

Dr. Louis S. Greene	Dr. James N. Greear
	Dr. G. Victor Simpson
Dr. Le Roy Hyde	Dr. Frank Costenbader
	Dr. Joseph Dessoff

## Department of Syphilology

Dr. F. H. Mistretta	Dr. Elizabeth Chickering
	Dr. Herman Eisenberg

## Department of Anesthesia

Dr. J. T. Mann	Dr. Edward B. Macon
	Dr. Robert M. Bolton

**Cardio Vascular Service**

Dr. James Alexander Lyon      Dr. Frank Horvath.  
Dr. Margaret M. Nicholson  
Dr. Mark P. Schultz,  
nominated 3-1-37

**Genito Urinary Service**

Dr. Charles P. Howze      Dr. Norvell Belt  
Dr. W. Dabney Jarman  
Dr. Thomas C. Thompson      Dr. Homer G. Fuller

**Dental Service**

Dr. J. Robert De Farges      Dr. Walter A. Rath

**Neurological Service**

Dr. D. D. V. Stuart      Dr. Philip Litvin

Dr. J. Duerson Stout

Nominated and approved by Staff 10-3-38

**Psychiatric Service**

Dr. Loren B. T. Johnson      Dr. Roger S. Cohen  
Dr. Sander E. Lachman

Junior Associate

Dr. Isadore Rodis

Sept. 1938

**Out-patient Department Staff**

Dr. Arthur Lewis  
Dr. Ralph Cohen  
Dr. Milton Greenburg  
Dr. Sigmund Neuman—Vienna, Va.  
Dr. Stephen Verges  
Dr. David Weinstein  
Dr. Arthur Nachlas  
Dr. Grace Purse  
Dr. William Raffel  
Dr. John Hanby  
Dr. James Jackson  
Dr. Frank S. Horvath

Dr. Mark P. Schultz  
Dr. G. Louis Weller  
Dr. Benjamin Manchester  
Dr. Irvin Hantman  
Dr. J. R. McGriff  
Dr. Reuben Goodman  
Dr. Caroline S. Pincock  
Dr. Thomas Egan  
Dr. Connor Moss  
Dr. Cecile Fufeld  
Dr. Irvin Feldman  
Dr. Frederick Morretti  
Dr. F. Maury  
Dr. Stanley Bernstein  
Dr. Perry W. Gard  
Dr. Snader E. Lachman  
Dr. William R. Casady (D.D.S.)  
Dr. Montague A. Cashman (D.D.S.)  
Harry S. Sembikos, D.D.S.  
Jos. B. Schertz, D.D.S.

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Gov. Ex. 527

The Medical Society of the District of Columbia  
1718 M Street, N. W.  
Washington, D. C.

July 29, 1937.

TO THE SUPERINTENDENT:

Pursuant to action of the Executive Committee, held on the evening of July 12, 1937, and in fulfilment of Chapter IX, Article IV, Section 5 of the Constitution, your attention is hereby called to the list of organizations, groups and individuals herewith enclosed. The approved list is on file with the Secretary's Office. The amendment is now in force. Any violation thereof will make a member liable according to the provisions of the Constitution:

Chapter LX, Article IV, Sec. 5:

"No member of the Society shall engage in any professional capacity whatsoever with any organization, group or individual, by whatever name called or however organ-

ized, engaged in the practice of medicine within the District of Columbia or within 10 miles thereof, which has not been approved by the Society.

"The Executive Committee is authorized and directed to prepare an approved list of organizations, groups and individuals, by whatever name called and however organized engaged in the practice of medicine within the District of Columbia or within 10 miles thereof, and the same shall be kept in the office of the Secretary-Treasurer. Before any such organization, group or individual can be placed on the approved list of the Society, such organization, group or individual, or the member of the Society proposing professional relations therewith, shall submit to the Compensation, Contract and Industrial Medicine Committee such evidence as the Committee or the Society may require showing the character, activities, financial condition and ethical standards of said organization, group or individual, and after considering the same, said committee shall make a report of its investigation and findings to the Executive Committee for such action as may deem necessary."

Very truly yours, (Signed) C. B. Conklin, M. D., Secretary.

The Medical Society of the District of Columbia

1718 M Street

(Telephone: District 3111)

Approved List of Organizations, Groups and Individuals, engaged in the practice of medicine within the District of Columbia or within 10 miles thereof. (Chapter IX, Article IV, Section 5 of the Constitution.)

1. All members of the Medical Society of the District of Columbia.

2. Medical staffs of all hospitals, institutions and clinics, each member of which has been approved by the Medical Society of the District of Columbia.

3. The United States Government Medical Personnel on duty in the District of Columbia, or within 10 miles thereof, i.e., the United States Army, Navy, Public Health Service, and the Veterans' administration.

4. The Health Officer and attached medical personnel.

5. Membership of the District of Columbia Dental Society.  
 6. Membership of the Homeopathic Medical Society.  
 7. Members of the County of Montgomery (Md.), Prince Georges County (Md.), Fairfax County (Va.), and Arlington County (Va.) Medical Societies, who reside within 10 miles of the District of Columbia.

8. Members of the Alexandria Medical Society.

9. The following Compensation Clinics:

Farragut Medical Clinic, operated by Frank E. Gantz, M. D.

First Aid Station, Arch L. Riddick, M. D.

Harry M. Lewis Clinic, Harry M. Lewis, M. D.

Market Compensation Accident Clinic, M. J. Kossov, M. D.

Northeast Insurance Clinic, G. Henry Rawson, M. D.

Union Market Workmen's Compensation Clinic, Maxwell Hurston, M. D.

Washington Industrial Accident Clinic, Edward Clark Morse, M. D.

Washington Medical Building Workman's Clinic, Charles S. White, M. D.

10. All medical personnel employed by the Federal or Municipal Governments within the District of Columbia or within 10 miles thereof.

11. Membership of the Medico-Chirurgical Society (colored Medical Society).

12. Membership of the Robert T. Freeman Dental Society (colored Dental Society).

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Gov. Ex. 529

The Medical Society of the District of Columbia

1718 M Street, N. W.

Washington

July 29, 1937.

DEAR DOCTOR:

Pursuant to action of the Executive Committee, held on the evening of July 12, 1937, and in fulfillment of Chapter IX, Article IV, Section 5 of the Constitution, your attention is hereby called to the list of organizations, groups and



individuals herewith enclosed. The approved list is on file with the Secretary's Office. The amendment is now in force. Any violation thereof will make a member liable according to the provisions of the Constitution:

**Chapter IX, Article IV, Sec. 5:**

"No member of the Society shall engage in any professional capacity whatsoever with any organization, group or individual, by whatever name called or however organized, engaged in the practice of medicine within the District of Columbia or within 10 miles thereof, which has not been approved by the Society.

"The Executive Committee is authorized and directed to prepare an approved list of organizations, groups and individuals, by whatever name called and however organized, engaged in the practice of medicine within the District of Columbia or within 10 miles thereof, and the same shall be kept in the office of the Secretary-Treasurer. Before any such organization, group or individual can be placed on the approved list of the Society, such organization, group or individual, or the member of the Society proposing professional relations therewith, shall submit to the Compensation, Contract and Industrial Medicine Committee such evidence as the Committee or the Society may require showing the character, activities, financial condition and ethical standards of said organization, group or individual, and after considering the same, said committee shall make a report of its investigation and findings to the Executive Committee for such action as it may deem necessary."

Very truly yours, C. B. Conklin, M. D., Secretary.

Gov. Ex. 557

A. T. Talley, M.D., F.A.C.S.

1307 Medical Arts Bldg.

Fairfax 1355

Houston, Texas

January 26, 1938.

Mr. President and Members of the Society:

The January meeting of the Board of Censors was held January 24, 1938.

We had before us three applications for membership in the society. Only two were approved. The other one we are holding over for further investigation.

We also received during the month a communication from two of our members appealing to the Board of Censors for relief of a judgment from the adjudication committee. After due consideration we answered this communication by the following letter. (Read letter, also read By-Law)

It has come to our attention that one of our members has joined the staff of a Group Health Association located in Washington, D. C. I wrote Dr. Conklin, Secretary of the District of Columbia Medical Society in reference to the ethical standing of this association and its staff. Here is his answer. (Read letter) It seems to me that this is a similar organization to our Hughes Tool Company's Welfare organization and other organizations we have with us at the time. If my interpretation of the code of ethics of the American Medical Association is correct, all such organizations are unethical. I think we should give this question more serious investigation and report at a later date.

We have sample copies from the American Medical Association of two booklets on Medical ethics and the Board of Censors would like to have permission from the society to buy 500 copies of one or both of these books so that we can give them to each of our members.

Respectfully submitted, Board of Censors, Harris County Medical Society.

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Gov. Ex. 559

Dr. A. T. Talley  
1307 Medical Arts Bldg.

Fairfax 1355  
Houston, Texas

3-30-38

Mr. President and Members of the Society:

The Board of Censors met today and we had before us, one application for membership in the Society—Dr. Hale—this application was passed on favorably.

It is also our unpleasant duty to prefer charges against one of the members of this Society.

A. T. Talley, Chairman, Board of Censors.

Gov. Ex. 561

### Minutes Harris County Medical Society

Business meeting, September 14, 1938:

Meeting called to order at 8:00 P. M. by the President, Dr. John T. Moore. Seventy-four members present.

Minutes of previous business meeting read and approved.

Unfinished business:

The Secretary read a resolution adopted in 1934 regarding the use of the classified section of the Telephone Directory.

The Secretary read the decision of the Judicial Council of the American Medical Association regarding the Raymond E. Selders contract. Discussion by Dr. Talley, Dr. Cody, Dr. John T. Moore, Dr. J. E. Clarke, Dr. S. C. Red, Dr. J. C. Alexander and Dr. Carl Wilson.

Motion by Dr. Talley that the matter of Dr. R. E. Selders' trial be laid on the table until a later date and taken up at such time as deemed best by the Board of Censors. Seconded and carried.

Reports of committees:

The Treasurer's report was read by the Secretary, copy of which is attached to these minutes.

Dr. S. C. Red moved that the report be received and filed. Dr. Moore ruled the report received.

Dr. M. D. Levy suggested that the methods of securing money for the carrying on of the Society's business be considered at this meeting and suggested three ways in which this might be done: (1) The money might be borrowed from the Bureau, (2) it might be borrowed from the Houston Academy of Medicine, (3) an assessment might be made.

Motion by Dr. Levy that the needed funds be borrowed from the Medical and Dental Service Bureau. Motion died for want of a second.

Motion by Dr. E. L. Goar that the President and Secretary attempt to make a loan from the Medical and Dental

Service Bureau and failing, that they attempt to make it from the Houston Academy of Medicine. Seconded.

Dr. Cody made a substitute motion that an assessment of one dollar (\$1.00) per member be levied, due and payable on the first day of October to take care of this deficit and in the meantime, the officers be empowered to make a loan.

## Gov. Ex. 562

### Minutes Harris County Medical Society

Business Meeting, October 26, 1938:

Meeting called to order at 8:00 P. M. by the President, Dr. John T. Moore. Seventy members present.

Minutes of previous business meeting read and approved.  
Unfinished Business:

Dr. A. T. Talley reported for the Board of Censors two matters concerning the placing of names of applicants for membership in the Society on the program card, and the status of the membership of Dr. Raymond E. Selders.

Motion by Dr. Hodges that names of applicants, that had been read at the previous business meeting and had passed the Board of Censors, be placed upon the program card prior to the business meeting at which time voting upon such applicants was to take place. Seconded and duly carried.

Motion by Dr. A. T. Talley, seconded by Dr. Toland, that the indictment against Dr. Raymond E. Selders, now lying on the table, be brought before the Society and dismissed and notification of the Society's action be sent to him by the Secretary.

Discussion by Dr. J. C. Alexander.

Amendment offered and accepted by Dr. Talley and Dr. Toland, as follows:

That the indictment against Dr. Raymond E. Selders, now lying on the table, be brought before the Society and dismissed due to the fact that the Society lacked jurisdiction, since he was not a member, and that notification of the Society's action be sent to him by the Secretary.

Substitute motion by Dr. C. C. Cody that the Society request the Board of Censors and Counsel for the accused to

agree upon statement of facts and if not agreed upon that they report the disagreement at the next business meeting.

This motion was withdrawn by Dr. Cody.

Substitute motion by Dr. J. C. Alexander, seconded by Dr. Cody and duly carried, that the Society postpone the action until the next business meeting.

Motion made by Dr. Toland, seconded by Dr. Petersen, that the proposed assessment of one dollar (\$1.00) per member be levied, due and payable on the first day of October, to take care of the deficit of the Society and in the meantime, that the officers be empowered to make a loan. Motion lost.

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Gov. Ex. 565

Harris County Medical Society

John T. Moore, M. D., President; Alvis E. Greer, M. D., Vice-President; Walter A. Coole, M. D., Secretary; Wm. A. Toland, M. D., Treasurer. Phone Preston 2201. Medical Arts Building, Houston, Texas.

November 22, 1938.

Mr. President, and Members of The Harris County Medical Society:

The Board of Censors, Drs. A. T. Talley, John H. Foster, and Clyde M. Warner, met with your President, Dr. John T. Moore, the Secretary, Dr. Walter A. Coole, the District Counsel, Dr. Judson T. Taylor, and the legal representative of Dr. Raymond E. Selders, Dr. J. C. Alexander, November 21st, 1938.

The meeting was called to order and a very free and frank discussion was held regarding the Dr. Raymond E. Selders matter, which has been pending in our Society for some time.

The conclusion reached by the Board of Censors was agreed to by all those present, that due to the various legal questions involved in the case, the Board of Censors recommends to the Society:

First: That the charges of unethical practice against Dr. Raymond E. Selders, now lying on the table, be brought before the Society and dismissed without prejudice.



## Action by the Society

Second: That the check of \$24.00, tendered the Society by Dr. Raymond E. Selders, to pay his 1938 dues, be accepted.

Then transfer card application.

Respectfully submitted by The Board of Censors of the Harris County Medical Society, A. T. Talley, John H. Foster, Clyde M. Warner.

ATT:BB

Gov. Ex. 566

American Medical Association

Olin West, M. D., Secretary and General Manager  
535 North Dearborn Street, Chicago,

May 5, 1938.

Dr. Walter A. Coole, Secretary, Harris County Medical Society, 818 Hathaway Street, Houston, Texas

DEAR DOCTOR COOLE:

I have before me a carbon copy of your communication addressed to the Judicial Council of the American Medical Association under date of May 1, which will be referred at once to the Chairman of the Judicial Council.

I infer from a letter which I have received from Doctor Follansbee, Chairman of the Judicial Council, that he has communicated with Dr. A. T. Talley, Chairman of the Board of Censors of Harris County Medical Society. Doctor Follansbee informs me that he asked Doctor Talley to send him a copy of the constitution and by-laws of the Harris County Medical Society and a copy of the constitution and by-laws of the State Medical Association of Texas but that this material has not been received by him. I shall appreciate it very much if you will be good enough to send the copies of the constitutions and by-laws of the Harris County Medical Society and the State Medical Association of Texas to Doctor Follansbee, whose address is Dr. George Edward Follansbee, 629 Euclid Avenue, Cleveland, Ohio. I shall also appreciate it, if it is not too much trouble, if you will send copies of such constitutions and by-laws to me so that I may

have them available for the next meeting of the Judicial Council to be held about June 12.

Very sincerely yours, Olin West.

OW:HN.

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Gov. Ex. 570

District of Columbia:

To Whom It May Concern

I have known Dr. G. B. Tribble for a number of years. He has treated and operated upon members of my family and friends, and patients I referred during this time. When I left the Veterans Bureau and started organizing the G. H. A. I naturally asked his advice and assistance, thinking that it could be organized along lines compatible with organized medicine. He stated he could not have anything to do with it, or anything else unless it met the full approval of the District Medical Society. He therefore did not at any time have any relations with the G. H. A. and at no time was a member of their staff, either as a regular member or consultant.

Later, after I resigned from that organization, he advised me to make my application to the District of Columbia Medical Society, and was one of my sponsors.

(Signed) Henry Roy Brown.

Subscribed and sworn to before me this 17th day of May, 1938. Elsie M. Freeman, Notary Public, D. C.  
My commission expires Feb. 14, 1943.

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Gov. Ex. 588

The Medical Society of the District of Columbia,  
1718 M Street N. W.,  
Washington

July 29, 1937.

To the Superintendent:

Pursuant to action of the Executive Committee, held on the evening of July 12, 1937, and in fulfilment of Chapter IX,

Article IV, Section 5 of the Constitution, your attention is hereby called to the list of organizations, groups and individuals herewith enclosed. The approved list is on file with the Secretary's Office. The amendment is now in force. Any violation thereof will make a member liable according to the provisions of the Constitution:

Chapter IX, Article IV, Sec. 5:

"No member of the Society shall engage in any professional capacity whatsoever with any organization, group or individual, by whatever name called or however organized, engaged in the practice of medicine within the District of Columbia or within 10 miles thereof, which has not been approved by the Society.

"The Executive Committee is authorized and directed to prepare an approved list of organizations, groups and individuals, by whatever name called and however organized, engaged in the practice of medicine within the District of Columbia or within 10 miles thereof, and the same shall be kept in the office of the Secretary-Treasurer. Before any such organization, group or individual can be placed on the approved list of the Society, such organization, group or individual, or the member of the Society proposing professional relations therewith, shall submit to the Compensation, Contract and Industrial Medicine Committee such evidence as the Committee or the Society may require showing the character, activities, financial condition and ethical standards of said organization, group or individual, and after considering the same, said committee shall make a report of its investigation and findings to the Executive Committee for such action as it may deem necessary."

Very truly yours, C. B. Conklin, M. D., Secretary.

The Medical Society of the District of Columbia,

1718 M Street

(Telephone: District 3111)

Approved List of Organizations, Groups and Individuals,  
Engaged in the Practice of Medicine Within the District  
of Columbia or Within 10 Miles Thereof. (Chapter IX,  
Article IV, Section 5 of the Constitution)

1. All members of the Medical Society of the District of  
Columbia.

2. Medical staffs of all hospitals, institutions and clinics, each member of which has been approved by the Medical Society of the District of Columbia.

3. The United States Government Medical Personnel on duty in the District of Columbia, or within 10 miles thereof, i. e., the United States Army, Navy, Public Health Service, and the Veterans' Administration.

4. The Health Officer and attached medical personnel.

5. Membership of the District of Columbia Dental Society.

6. Membership of the Homeopathic Medical Society.

7. Members of the Montgomery County (Md.), Prince Georges County (Md.), Fairfax County (Va.), and Arlington County (Va.) Medical Societies, who reside within 10 miles of the District of Columbia.

8. Members of the Alexandria Medical Society.

9. The following Compensation Clinics:

#### Operated by

Farragut Medical Clinic, Frank E. Gantz, M. D.

First Aid Station, Arch L. Riddick, M. D.

Harry M. Lewis Clinic, Harry M. Lewis, M. D.

Market Compensation Accident Clinic, M. J. Kossow, M. D.

Northeast Insurance Clinic, G. Henry Rawson, M. D.

Union Market Workmen's Compensation Clinic, Maxwell Hurston, M. D.

Washington Industrial Accident Clinic, Edward Clark Morse, M. D.

Washington Medical Building Workmen's Clinic, Charles S. White, M. D.

10. All medical personnel employed by the Federal or Municipal Governments within the District of Columbia or within 10 miles thereof.

11. Membership of the Medico-Chirurgical Society (colored Medical Society).

12. Membership of the Robert T. Freeman Dental Society (colored Dental Society).

#### Instructions to Applicants

This form of application is for the use of all applicants. Indicate the class application for license is applied for by checking appropriate section on first page of application.



1. Write legibly, and with ink. Avoid alterations and interlineations as far as possible; if any be made, have them duly attested by the notary or other officer before whom this application is executed.

2. This application must be accompanied by—

(a) Proof of good moral character.

(b), A diploma conferring upon the applicant the degree of doctor of medicine, or other degree in the healing art.

(c). The required fee as indicated under the class designation on the first page of application. This fee, if sent by mail, should be in the form of a post office money order, draft, or certified check, payable to the Collector of Taxes, D. C., stating the purpose to which it is to be applied.

(d) Recent, unmounted photograph, post card size.

Note.—Applicants applying for license who are already licensed in the District of Columbia, under the Act of June 3, 1896, are not required to submit diploma of degree conferred.

The diploma will be returned to the applicant when he appears for examination; or returned to him by express or registered mail, at his risk and cost, upon request, as soon as his application has been formally acted upon by the Commission on Licensure.

3. This application, properly executed, must have been filed with the Secretary-Treasurer of the Commission on Licensure not less than two weeks prior to the commencement of the examination at which the applicant desires to appear. The regular examinations begin on the second Monday in January and July of each year.

4. A notice of the time and place of examination will be mailed to each applicant not less than seven days before the commencement of such examination.

5. The Commission on Licensure may require such additional information as it may deem necessary. Especial attention is invited to the fact that any application not properly executed, or for any other irregularity, may be rejected.

6. When properly filled out and sworn to, this application should be forwarded to the Secretary-Treasurer, Commission on Licensure, Healing Arts Practice Act, District of Columbia, Room 203, District Building, Washington, D. C.



**The Medical Society of the District of Columbia**

**1718 M Street**

**Washington**

Resolution adopted by the Society, in session on the evening of December 1, 1937:

Resolved, That as a matter of educational policy the Medical Society of the District of Columbia strongly recommends that all hospitals engaged in the teaching and training of residents, interns, and nurses, where possible, follow the recommendation of the American Medical Association regarding the constitution of their entire Medical Staffs, namely, that each appointee be a member of the Medical Society of the District of Columbia or a local medical society in this immediate neighborhood and a member of the American Medical Association.

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**Gov. Ex. 589**

**The Medical Society of the District of Columbia**

Successor (1911) to the Medical Society of the District of Columbia, Founded September 26, 1817, and the Medical Association of the District of Columbia, Founded January 11, 1833

**1718 M Street**

**Washington**

**Office of Secretary-Treasurer**

**December 2, 1937.**

**Chief of Staff, Casualty Hospital, 8th and Massachusetts Avenue, N. E., Washington, D. C.**

**DEAR DOCTOR:**

Pursuant to formal action of the Medical Society of the District of Columbia, in session on the evening of December 1, 1937, the attached resolution is sent you.

Very truly yours, C. B. Conklin, M.D., Secretary.

CBC/dw.

Encl.

Gov. Ex. 590

Eastern Dispensary and Casualty Hospital  
 Massachusetts Ave. at Eighth St., N. E.  
 Washington, D. C.

Report of the Credentials Committee, June 13, 1938

The following is a list of the applications considered by this Committee and it is recommended that they be approved for membership on the Courtesy Staff:

Dr. Charles C. Marbury, Internal Medicine.  
 Dr. J. Lloyd Collins, General Surgery.  
 Dr. W. Calhoun Stirling, Urology.  
 Dr. Samuel J. Sugar, Medicine, Minor Surgery and Obstetrics.  
 Dr. James H. Truitt, General Medicine.  
 Dr. William H. Beard, Obstetrics and Gynecology.  
 Dr. Robert Sterling McGrath, Allergy.  
 Dr. Ashby Wade Smith, General Medicine.  
 Dr. J. C. Pyle, General Medicine.  
 Dr. C. Edwin McNamara, General Surgery.

The application of Dr. Raymond E. Selders has been duly considered and it is the opinion of this Committee that the qualifications and experience of the applicant at this time are such that disapproval of the application is recommended.

J. Rogers Young, Chairman, — — —, C. C. Caylor.

Gov. Ex. 591

Eastern Dispensary and Casualty Hospital  
 Massachusetts Ave. at Eighth St., N. E.  
 Washington, D. C.

June 16, 1938.

Dr. Raymond E. Selders, Acting Medical Director, Group Health Association, Washington, D. C.

DEAR DR. SELDERS:

This is to inform you that at the regular monthly meeting of the Board of Directors of this Institution, held June 14,

1938, your application for membership to the Courtesy Staff was disapproved.

Very truly yours, J. Burr Piggott, M.D., Acting  
Chief of Staff, Eastern Dispensary and Casualty  
Hospital.

JBP/h.

Present at the meeting were the following:

Dr. J. Burr Piggott	Dr. William G. Young
Dr. Tomas Cajigas	Dr. Albert E. Pagan
Dr. C. C. Caylor	Dr. A. Magruder MacDonald
Dr. J. Rogers Young	Dr. O. H. Fulcher
Dr. Frank W. Braden	Dr. William C. Meloy

The meeting was adjourned at 1:50 p. m. and a buffet luncheon was served to those attending.

J. Rogers Young, Secretary.

Eastern Dispensary and  
Casualty Hospital

(Stamp.)

Mass. Avenue at Eighth St., N. E.  
Washington, D. C.

Dr. Raymond E. Selders,  
Acting Medical Director,  
Group Health Association,  
1328 Eye Street N. W.,  
Washington, D. C.

Gov. Ex. 592

The meeting of the Medical Staff of the Eastern Dispensary and Casualty Hospital was held at the Hospital, June 14, 1938 at 1:15 p. m. Dr. J. Burr Piggott, Acting Chief of Staff, presided.

This meeting was devoted to the election of officers for the coming year, and to take action upon reports of the committees. Dr. J. Burr Piggott, Acting Chief of Staff, continued as president of the staff, and the following members were elected to represent the Staff on the Executive Committee: Dr. C. C. Caylor, Dr. William G. Young, and Dr. Tomas Cajigas. Dr. Tomas Cajigas formally presented his resignation as Secretary of the Medical Staff,

stating that because of the pressure of his practice he would not be able to devote much time to the duties of this position. Dr. Cajigas offered the name of Dr. J. Rogers Young as secretary and treasurer of the Staff, and this was seconded by Dr. A. Magruder MacDonald. Dr. Young was unanimously elected Secretary for the coming year.

The report of the Credentials Committee was read by the Chairman of the Committee as follows: "The following is a list of the applications considered by this Committee and it is recommended that they be approved for membership on the Courtesy Staff:

Dr. Charles Marbury, Internal Medicine.

Dr. J. Lloyd Collins, General Surgery.

Dr. W. Calhoun Stirling, Urology.

Dr. Samuel J. Sugar, Medicine, Minor Surgery and Obstetrics.

Dr. James H. Truitt, General Medicine.

Dr. William H. Beard, Obstetrics and Gynecology.

Dr. Robert Sterling McGrath, Allergy.

Dr. Ashby Wade Smith, General Medicine.

Dr. J. C. Pyles, General Medicine.

Dr. C. Edwin McNamara, General Surgery.

The application of Dr. Raymond E. Selders has been duly considered and it is the opinion of this Committee that the qualifications and experience of the applicant at this time are such that disapproval of the application is recommended." Signed: J. Rogers Young, Chairman, A. Magruder MacDonald, C. C. Caylor. The report was then discussed by Dr. MacDonald and Dr. William G. Young; it was voted to accept the report as read. Motion was made by Dr. Tomas Cajigas and seconded by Dr. MacDonald that the application of Dr. Thomas F. Law for membership on the Courtesy Staff be referred to the Washington Gynecological Society for recommendation. The regulations governing the admission of patients to Garfield Memorial Hospital upon the application of physicians and surgeons not members of the Courtesy Staff was read by the Secretary as follows:

"The word 'Emergency' is defined, for the purpose of the use of the facilities of the hospital by physicians and surgeons not admitted to the Courtesy Staff of the hospital, as some condition in which the life or safety of the patient

is endangered, except for some immediate intervention by the physician involved in the way of first aid, as in the case of hemorrhage, asphyxia, or the like. In cases in which there is time for the formal posting of an operation the hospital holds that there is also time to secure the services of a surgeon who has been granted the surgical privileges of the hospital; and that course of action will hereafter be required upon application for the admission of any patient by a physician or surgeon not on the Courtesy Staff. Under the conditions stipulated, members of Group Health Association will be admitted to the Hospital just as any other person is admitted, subject to available space and the suitability of the patient in other respects. In the case of physicians and surgeons not members of the Courtesy Staff of the Hospital, the above will govern the admission of the patients of these physicians and surgeons." Signed: Francis J. Eisenman, M. D., Superintendent. Upon motion of Dr. MacDonald, seconded by Dr. Cajigas, it was voted to recommend to the Governing Body that a similar regulation be put into effect in this Hospital.

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Gov. Ex. 593

The regular monthly meeting of the Medical Staff of the Eastern Dispensary and Casualty Hospital was held October 6, 1938 at 1:15 p. m., Dr. J. Burr Piggott, Acting Chief of Staff, presiding.

(Excerpt)

The minutes of the last meeting, held Sept. 1, 1938, were read and accepted as read. Letters of communication in reference to the re-application of Dr. Raymond E. Selders for membership to the Courtesy Staff of this Hospital were read, and a discussion followed, resulting in a decision to submit the application to the Credentials Committee and allow it to be carried through the regular procedure. The decision put to a vote was moved and seconded and carried unanimously.

. . . . .



The meeting was adjourned on motion at 1:50 p. m. A buffet luncheon was served to those present. The following members attended:

**Professional Staff:**

Dr. J. Burr Piggott  
Dr. Albert E. Pagan  
Dr. G. W. Leadbetter  
Dr. Francis Allman  
Dr. A. T. Young  
Dr. O. H. Fulcher  
Dr. Robert Bolton

Dr. William C. Meloy  
Dr. John R. Dull  
Dr. J. Rogers Young  
Dr. William G. Young  
Dr. Tomas Cajigas  
Dr. Leo Solbach  
Dr. Frank M. Hand

**Courtesy Staff:**

Dr. James H. Truitt

**Intern Staff:**

Dr. James W. Braden  
Dr. Richard Gitter  
Dr. Herman J. Horvitz  
Dr. Kenneth J. Harmon

Dr. Sherman E. Herrold  
Dr. Warren G. Fletcher  
Dr. Ross Jung  
Dr. Bernard La Belle

J. Rogers Young, M. D., Secretary.

Staff meeting 11-3-38

**Intern Staff:**

Dr. James W. Braden  
Dr. Kenneth J. Harmon  
Dr. Ross Jung

Dr. Sherman Herrold  
Dr. Bernard La Belle  
Dr. Herman J. Horvitz

(Signed) J. Rogers Young, Secretary.

Gov. Ex. 594.

The regular monthly meeting of the Medical Staff of the Eastern Dispensary and Casualty Hospital was held November 3, 1938 at 1:15 p. m. Dr. J. Burr Piggott, Acting Chief of Staff, presided.

## (Excerpt)

The minutes of the last meeting, held October 6, 1938, were read and accepted as read. The report of the Credentials Committee was read by the secretary and a list of applications which had been passed by this committee was read, voted upon and unanimously approved as follows:

Dr. Truman Abbe, Neoplastic Surgery.  
 Dr. Robert U. Cooper, General Surgery.  
 Dr. Ronald A. Cox, Ophthalmological Surgery.  
 Dr. William J. P. Howard, General Medicine.  
 Dr. Martin J. Keane, Surgery and Medicine.  
 Dr. Maurice J. Kossow, General Medicine; minor surgery.  
 Dr. Thomas E. Latimer, General Surgery.  
 Dr. Kenneth F. Laughlin, General Surgery.  
 Dr. Thomas F. Law, Gynecological Surgery.  
 Dr. John H. Lyons, General Surgery.  
 Dr. Paul S. Putzki, Surgery.  
 Dr. Duane C. Richtmeyer, Surgery.  
 Dr. Fred R. Sanderson, Surgery.  
 Dr. Howard L. Smith, Surgery.  
 Dr. Karl Hayden Wood, Exodontia and Oral Surgery.

. . . . .

The meeting was adjourned at 1:55 p. m. on motion duly seconded and carried, and a luncheon was served to the following members of the staff:

## Professional Staff:

Dr. J. Burr Piggott	Dr. Leo Solbach
Dr. J. Rogers Young	Dr. Frank W. Braden
Dr. Albert E. Pagan	Dr. William C. Meloy
Dr. O. H. Fulcher	Dr. L. M. Jimal
Dr. A. Magruder MacDonald	Dr. C. C. Caylor
Dr. A. T. Young	

## Courtesy Staff:

Dr. Clarence A. Weaver	Dr. Ray F. Guynn
Dr. James H. Truitt	

## Intern Staff:

Dr. James W. Braden	Dr. Sherman Herrold
Dr. Kenneth J. Harmon	Dr. Bernard La Belle
Dr. Ross Jung	Dr. Herman J. Horvitz

(Signed) J. Rogers Young, Secretary.

## Gov. Ex. 595

## Executive Committee—Professional Staff

Eastern Dispensary and Casualty Hospital—1938

Dr. Claude C. Caylor	Dr. William G. Young
Dr. Tomas Cajigas	

## Gov. Ex. 596

## Credentials Committee—Professional Staff

Eastern Dispensary and Casualty Hospital—1938

Dr. J. Rogers Young, Chairman	
Dr. A. Magruder MacDonald	Dr. Claude C. Caylor

## Gov. Ex. 597

## Interns Committee—Professional Staff—1938

Eastern Dispensary and Casualty Hospital

Dr. J. Burr Piggott, Chairman	
Dr. J. Rogers Young	Dr. Francis C. Allman

## Gov. Ex. 598

## Records Committee—Professional Staff—1938

Eastern Dispensary and Casualty Hospital

Dr. J. Rogers Young, Chairman	
Dr. O. H. Fulcher	Dr. Claude C. Caylor

## Gov. Ex. 599

Executive Committee—Professional Staff—1937

Eastern Dispensary and Casualty Hospital

Dr. J. Burr Piggott, Chairman

Dr. J. Rogers Young

Dr. William G. Young

## Gov. Ex. 600

Records Committee—Professional Staff—1937

Eastern Dispensary and Casualty Hospital

Dr. J. Burr Piggott, Chairman

Dr. J. Rogers Young

Dr. Robert M. Bolton

## Gov. Ex. 601

Interns Committee—Professional Staff—1937

Eastern Dispensary and Casualty Hospital

Dr. A. Magruder MacDonald, Chairman

Dr. Claude C. Caylor

Dr. J. Rogers Young

## Gov. Ex. 603

Credentials Committee—Professional Staff—1937

Eastern Dispensary and Casualty Hospital

Dr. Albert E. Pagan, Chairman

Dr. Robert E. Bolton

Dr. William C. Meloy

**Professional Staff for Eastern Dispensary and  
Casualty Hospital**

1938

**Division of General Surgery. Consultant: Dr. Edmund Horgan.**

**Attending: Dr. J. G. Lewis, Chief of Staff; Dr. J. Burr Piggott, Acting Chief of Staff; Dr. J. Rogers Young.**

**Associate: Dr. A. Magruder MacDonald, Dr. Russell K. Hollingsworth.**

**Division of Plastic Surgery. Attending: Dr. William Carey Meloy.**

**Division of Neurological Surgery. Attending: Dr. Oscar Hugh Fulcher.**

**Division of Orthopedic Surgery. Consultant: Dr. G. W. Leadbetter.**

**Attending: Dr. Frank M. Hand.**

**Division of Genito-Urinary Surgery. Attending: Dr. William G. Young.**

**Division of Ophthalmological Surgery. Consultant: Dr. William Thornwall Davis.**

**Division of Surgical Pathology. Attending: Dr. Tomas Cajigas.**

**Division of Dental Surgery. Consultant: Dr. Sterling Mead.**

**Attending: Dr. Howard J. Newton.**

**Associate: Dr. Daniel F. Lynch, Dr. Leo Solbach.**

**Division of General Medicine. Consultant: Dr. J. Lawn Thompson.**

**Division of Anesthesia. Attending: Dr. Robert Bolton.**

**Associate: Dr. John R. Dull, Dr. Louis M. Jimal, Dr. William H. Clements.**

**Division of Pediatrics. Consultant: Dr. Coursen B. Conklin.**

**Division of Obstetrics. Consultant: Dr. Howard F. Kane.**

**Attending: Dr. Frank W. Braden.**

**Division of Gynecology. Attending: Dr. Albert E. Pagan.**

**Associate: Dr. A. T. Young.**

**Division of Dermatology. Consultant: Dr. C. Augustus Simpson.**



Division of Ear, Nose and Throat. Consultant: Dr. S. A. Alexander.

Attending: Dr. Fordyce A. H. Johnson.

Division of Radiology. Attending: Dr. Claude C. Caylor.

Associate: Dr. Francis Allman.

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Gov. Ex. 604

Professional Staff for Eastern Dispensary and  
Casualty Hospital

1937

Division of General Surgery: Dr. Edmund Horgan, Consultant; Dr. J. G. Lewis, Chief Surgeon and Chief of Staff; Dr. A. Magruder MacDonald, Associate in Surgery; Dr. J. Burr Piggott, Associate; Dr. J. Rogers Young, Associate; Dr. Russell K. Hollingsworth, Associate.

Division of Plastic Surgery: Dr. William C. Meloy.

Division of Neurological Surgery: Dr. John J. Shugrue.

Division of Orthopedic Surgery: Dr. G. W. Leadbetter, Consultant; Dr. Frank M. Hand, Chief of Service; Dr. Phillip O. Pelland, Associate.

Division of Genito-Urinary Surgery: Dr. William G. Young, Chief of Service; Dr. W. Calhoun Stirling, Associate; Dr. Adam Kemble, Associate; Dr. Thomas C. Thompson Associate.

Division of Ophthalmological Surgery: Dr. William Thornwall Davis.

Division of Surgical Pathology: Dr. Tomas Cajigas, Chief of Service.

Division of Anesthesia: Dr. Robert M. Bolton, Chief of Service; Dr. John R. Dull, Associate; Dr. Louis M. Jimal, Associate; Dr. James C. Waters, Associate.

Division of General Medicine: Dr. J. Lawn Thompson, Consultant.

Division of Pediatrics: Dr. Coursen B. Conklin.

Division of Obstetrics: Dr. Howard F. Kane, Consultant; Dr. Frank W. Braden, Chief of Service.

Division of Dermatology: Dr. C. Augustus Simpson, Consultant; Dr. H. F. Anderson, Chief of Service; Dr. Russell J. Fields, Associate.

Division of Gynecology: Dr. Albert E. Pagan, Chief of Service; Dr. A. T. Young, Associate.

Division of Ear, Nose and Throat: Dr. S. A. Alexander, Consultant; Dr. Fordyce A. H. Johnson, Chief of Service.

Division of Radiology: Dr. Claude C. Caylor, Chief of Service; Dr. Casimir Leibell, Associate; Dr. Francis Allman, Associate.

Division of Dental Surgery: Dr. Sterling Mead, Consultant; Dr. Howard J. Newton, Chief of Service; Dr. Daniel F. Lynch, Associate; Dr. Leo W. Solbach, Associate.

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Gov. Ex. 605

Group Health Association, Incorporated

1328 Eye Street, N.W.

Washington, D. C.

July 28, 1938.

Mr. Samuel H. Rogers  
President, Board of Trustees  
Eastern Dispensary & Casualty Hospital  
Massachusetts Avenue at Eighth Street, N.E.  
Washington, D. C.

MY DEAR MR. ROGERS:

In view of Justice Bailey's decision yesterday establishing the legality of Group Health Association, Inc., it is respectfully requested that Dr. Raymond E. Selders, a member of our staff, be admitted to the courtesy staff of Eastern Dispensary & Casualty Hospital, and that he may attend members of this Association admitted as patients there.

We shall appreciate the courtesy of an early reply.

Very truly yours, W. C. Kirkpatrick, President.

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Gov. Ex. 607

(Excerpts)

The Journal of the American Medical Association Proceedings of House of Delegates, AMA, June 10-14, 1935.

## (Page 7)

The increasing circulation of The Journal, the innumerable references to its columns in medical and lay periodicals and in newspapers throughout the world, and the great number of letters received from subscribers testify to the almost universal appreciation of this publication. Several series of special articles, notably those on glandular therapy and on the therapy of the Cook County Hospital, have attracted special attention. Arrangements are being made to republish the first series in several foreign languages. The department of questions and answers has gradually assumed increasing significance as a source of reference for the general practitioner. Many comments indicate that its practical value is generally realized. The Journal continues to serve as the voice of the organized medical profession of the United States, reflecting not only scientific advancement but also the interest of the profession in medical education and medical economics.

The average number of copies of The Journal printed weekly during the year 1935 was 88,843. The net paid circulation, Dec. 31, 1935, was 89,179, an increase of 4,344 over the net paid circulation on a similar date in the previous year.

## (Page 20)

## Bureau of Medical Economics

The Bureau of Medical Economics has been under a constant stress during the past year investigating economic problems, preparing reports for distribution to the medical profession and advising physicians throughout the country concerning special medical economic problems in various states. This was especially true concerning sickness insurance. During the latter part of 1934 and the first half of 1935 approximately 182,000 reprints of the Bureau of Medical Economics pertaining to sickness insurance were circulated through medical societies and individual physicians and a considerable number were sent directly to lay persons throughout the United States; this circulation was in addition to the articles published in The Journal and the Bulletin. (23) (51) (52)

## (Page 23)

**Relation of Medical Ethics and Medical Economics**

Practically all economic transactions involve an ethical implication, good or bad. Many of the principles of medical ethics carry some economic implication.

Since ethics and economics seem to have a definite relationship, an endeavor has been made to set forth these relations in a report entitled "Economics and the Ethics of Medicine."

This report begins with a discussion of the ethics and economics of industry, business and commerce. This chapter is followed by an analysis of the Oath of Hippocrates, with some reference to the similarity of the wording of the oath in Greek, Arabic, Latin and East Indian. The development of medical ethics is then traced in modern times. A chapter is devoted to the medical group and the influence which ethical principles have exercised in cementing and maintaining physicians in an organized group.

The remainder of the report is devoted to an examination of the economic implications in the Principles of Medical Ethics of the American Medical Association. (24) (51) (52)

## (Page 36)

**Cooperation with Council on Medical Education and Hospitals**

Certain recommendations made in the last annual report of the Judicial Council and approved by the 1935 House of Delegates to the end that closer cooperation between the Judicial Council and the Council on Medical Education and Hospitals be developed have been complied with. The chairman attended a meeting of the Council, explained the need for closer study between the councils, and was assured that the desire of the House of Delegates would receive sympathetic compliance. The Judicial Council believes that the way thus has been opened for classification of and assistance in some of the problems of the general medical profession which come before it for advice, assistance and decision. (47) (48)

## (Page 37)

**Group Hospitalization**

Group hospitalization and individual hospital insurance plans have been rapidly spreading during the last few years

as an effort on the part of hospitals to collect full payment for the hospitalization of people of low income groups who in the past have been and in the future will otherwise be unable to pay their hospital costs. This effort has been accentuated by the recent increase in the numbers of such cases combined with a great reduction in hospital income from endowment funds and public contributions. It is an effort at self preservation and secondarily to fix responsibility on a group that during the depression has been rapidly growing among those who have little sense of personal responsibility and rather expect government or charity to care for their needs. Hospital insurance as an economic device now exists almost nationally and is spreading. The American Hospital Association and various state hospital association are actively promulgating it.

Whether the scheme is or is not financially or economically sound is not the problem of our organization, but it is our business to see that the furnishing of medical service is not included in the sale of insured hospital accommodations. This can be done if a strong stand is taken and maintained by the organized medical profession, which must keep a watchful eye to see that medical care is not initially or later included when the usual sales efforts demand increased benefits to purchasers. It is well known that at the present time independently of the hospital insurance movement various hospitals are invading the field of the practice of medicine, sometimes at and sometimes against the desire of the members of our profession involved in such instances. It would seem that in this time of extensive changes in hospital economics the point had arrived at which further marriages between hospitals and staff physicians that make the doctor of medicine the servant of the hospital should be stopped and a series of attempts at divorce among marriages that have already taken place should be instituted. Our accepted ethical principles are adequate at the present time and the cooperation of the Council on Medical Education and Hospitals would be of invaluable assistance. It is not an impossible task but will need a militant local and national ethical spirit behind it and a frowning on those individuals in the profession who on personal grounds do not object to the gradual subjugation of the medical profession in the growth of hospital domination. (47) (48)



(Page 38)

**Report of Council on Medical Education and Hospitals**

General Merritte W. Ireland, Washington, D. C., presented the following report of the Council on Medical Education and Hospitals, which was referred to the Reference Committee on Medical Education: (45) (46)

To the Members of the House of Delegates of the American Medical Association:

**I. Resolutions of the House of Delegates**

1. The House of Delegates at the Cleveland session adopted the following resolution:

Resolved, That it is the opinion of the House of Delegates of the American Medical Association that physicians on the staffs of hospitals approved for intern training by the Council on Medical Education and Hospitals should be limited to members in good standing of their local county medical societies and that the House of Delegates requests the Council on Medical Education and Hospitals to take this under advisement.

The Council has brought this resolution to the attention of all hospitals approved for intern training and it is planned to check staff memberships in connection with all the inspections of hospitals engaged in training interns. In this manner the Council will ascertain to what extent hospitals have complied with the foregoing resolution. (45)

2. In its report at Atlantic City last year the Judicial Council referred to the improved methods of administering the Principles of Medical Ethics. It was stated that while each member of the American Medical Association, whether in hospitals, in universities, in clinics or in private practice, is at all times subject to the ethics of the profession, the hospital, university or clinic as an entity is not and that by concerted action between the Council on Medical Education and Hospitals and the Judicial Council many harmful and obnoxious practices would cease and others, not now presenting any large problem, would be prevented.

For the purpose of carrying out the recommendation of the House of Delegates, the secretary of the Council on Medical Education and Hospitals has appeared before the

Judicial Council and the chairman of the Judicial Council has met with the Council on Medical Education and Hospitals and it has been agreed that the latter council, in connection with its regular inspections, will secure such additional information regarding certain phases of hospital practice as may be requested by the Judicial Council. (45)

(Page 45)

#### Report of Reference Committee on Medical Education

Dr. George Blumer, Chairman, presented the following report:

#### Report of the Council on Medical Education and Hospitals

1. Your committee approves the general principle that physicians on the staffs of hospitals approved for intern training should be limited to members in good standing of their local county medical societies. (38)

2. Your committee commends the activities of the Council on Medical Education and Hospitals in its attempt to improve the methods of administering the Principles of Medical Ethics in connection with the Judicial Council, as discussed in section 2 of its report. (38)

Dr. Blumer moved that the portion of the report of the reference committee dealing with the report of the Council on Medical Education and Hospitals be adopted, and the motion was seconded by Dr. Arthur C. Morgan, Pennsylvania.

(Page 46)

The motion of Dr. Blumer to adopt the portion of the report of the reference committee dealing with the report of the Council on Medical Education and Hospitals was then carried. (38-39) (45)

(Page 47)

5. Relative to the report of the Judicial Council, your committee notes that the recommendation of the Judicial Council at the last annual session suggesting a closer alliance between the Judicial Council and the Council on Medical Education and Hospitals has been complied with

and that satisfaction has resulted from this cooperation. (36) (48)

Your committee considers that the invasion by hospitals of the field of the practice of medicine should be condemned as a violation of the fundamental rights of physicians and that it demands militant opposition to the end that such activities cease. (37) (48)

(Page 48)

Dr. Cary moved that section 5 of the report of the reference committee, referring to the report of the Judicial Council, be adopted. The motion was seconded by Dr. Arthur J. Bedell, New York, and carried. (36-38) (47)

(Page 51)

12. "Relation of Medical Ethics and Medical Economics": It is unfortunate that this material is not completed and ready for distribution at this time. Your committee commends this effort on the part of the Bureau of Medical Economics to call attention to the economic implications in the Principles of Medical Ethics. Although it is not stated that the Judicial Council has officially construed the various rules referred to in this discussion of the Principles of Medical Ethics, the committee understands that great care has been taken and advice has been had from the Council in determining that the implications set forth are sound in basis. Your committee recommends that as soon as this material is available it shall have broad distribution and shall be given study in the various component county societies, where the responsibility for the enforcement of ethical principles must reside. It must be recognized that unfair economic practice reflects on all and should be just as much a matter of interest to the component society as is other unethical practice. (23) (24) (52)

(Page 60)

#### Membership in County and State Associations for Members of Staffs of Hospitals

Dr. G. Henry Mundt, Illinois, asked that Dr. W. D. Cutter, Secretary of the Council on Medical Education and

Hospitals, be requested to address the House of Delegates with respect to the progress made in carrying out the provisions of a resolution adopted at the Cleveland session, which declared that members of approved hospital staffs should be members of component county and constituent state associations.

Dr. Cutter addressed the House, declaring that progress had been made in carrying out the purposes expressed in the resolution and explaining the difficulties that had been encountered. He expressed the opinion that it would require a considerable time to accomplish the desired ends but stated that the Council was in sympathy with the purposes of the resolution and would continue its efforts to secure the accomplishment of those purposes.

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Gov. Ex. 610

Georgetown University Hospital

Washington, D. C.

March 4, 1938.

Dr. Raymond E. Selders, 1328 Eye St., N. W., Washington,  
D. C.

DEAR DOCTOR SELDERS:

At the meeting of the Executive Staff of the Georgetown University Hospital your application to treat minor surgical, major surgical and gynecological cases in the hospital was rejected.

Very sincerely yours, Fred O. Coe, M. D., Secretary,  
Executive Staff.

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Gov. Ex. 612

The George Washington University

Interdepartmental Memoranda

Committee on Hospital Privileges, 1937-38

Surgical: Dr. Charles S. White.

Medical: Dr. William J. Mallory.

Obstetrical & Gynecological: Dr. Howard F. Kane.

## Gov. Ex. 613

## George Washington University Hospital

## Schedule of Staff Service

1937

## Medicine

January, February and March: Dr. Herman S. Hoffman.

April, May and June: Dr. Frank A. Hornaday.

July, August and September: Dr. John A. Reed.

October, November and December: Dr. William J. Mallory.

## Surgery

January, February and March: Dr. Arch L. Riddick, Dr. J. Lloyd Collins.

April, May and June: Dr. W. Warren Sager, Dr. Benjamin F. Dean.

July, August and September: Dr. Paul S. Putzki, Dr. William W. Chase.

October, November and December: Dr. Arch L. Riddick, Dr. J. Lloyd Collins.

## Orthopedics

January-June: Dr. Julius S. Neviasser.

July-December: Dr. Philip O. Pelland.

## Dermatology

Entire Year: Dr. George W. Creswell, Dr. Russell J. Fields.

## Ophthalmology

January 1-February 28: Dr. C. Victor Simpson.

March 1-May 15: Dr. Ernest Sheppard.

May 16-July 31: Dr. E. Leonard Goodman.

August 1-October 15: Dr. Ronald Cox.

October 16-December 31: Dr. Benjamin Rones.

## Otolaryngology

January and February: Dr. Don Johnson.

March and April: Dr. David Davis.

May and June: Dr. Aubrey Fischer.

July and August: Dr. Lyman Tibbets.

September and October: Dr. Jeter C. Bradley.



## Urology

Dr. Frederick A. Reuter.

Dr. Gilbert Ottenberg.

## Obstetrics and Gynecology

Dr. Howard F. Kane, Head of Department

### Gynecology

Dr. E. W. Titus, Chief of Division

January, February and March: Dr. Henry L. Darner, Chief, Dr. Howard P. Parker, Associate.

April, May and June: Dr. Herbert P. Ramsey, Chief, Dr. Walter W. Boyd, Associate.

July, August and September: Dr. Radford Brown, Chief, Dr. Walter W. Boyd, Associate.

October, November and December: Dr. Jacob Kotz, Chief, Dr. Howard P. Parker, Associate.

### Obstetrics

Dr. W. P. Haynes, Chief of Division

January, February and March: Dr. Barnard Notes, Chief, Dr. Walter W. Boyd, Associate.

April, May and June: Dr. Samuel M. Dodek, Chief, Dr. Howard P. Parker, Associate.

July, August and September: Dr. Lawrence L. Cock-erille, Chief, Dr. Howard P. Parker, Associate.

October, November and December: Dr. W. Raymond Thomas, Chief, Dr. Walter W. Boyd, Associate.

### Out-Patient Department

#### Obstetrical and Gynecological Dispensary Throughout the Year

Monday: Dr. Helen G. Kain.

Tuesday: Dr. Howard P. Parker.

Wednesday: Dr. Esther Nathanson.

Thursday: Dr. Walter W. Boyd.

Friday: Dr. Elizabeth Parker.

Saturday: Dr. Harry S. Douglas.

**Alternates:** Dr. W. Raymond Thomas, Dr. Lawrence L. Cockerille.

**Contraceptive clinic:** Dr. George Nordlinger (Tuesdays and Thursdays).

**Home deliveries:** Dr. H. P. Ramsey, Dr. Bernard Notes, Dr. Samuel M. Dodek, Dr. Howard P. Parker, Dr. Walter W. Boyd.

### **Neurology**

**Dr. Walter Freeman, Chief of Service.**

**Dr. Hyman D. Shapiro, Associate.**

**Dr. James W. Watts, Associate (Neuro-surgery).**

### **Psychiatry**

**Dr. Agnes Gregg.**

**Oto-Laryngological Clinical Schedule for Services at George Washington University Hospital from July, 1937, to June 30, 1938**

**July, August: Dr. Tibbetts.**

**September, October: Dr. Novick.**

**November, December: Dr. Bradley.**

**January, February: Dr. Don Johnson.**

**March, April: Dr. D. Davis.**

**May, June: Dr. Novick.**

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**Gov. Ex. 613-A**

**Copy**

**George Washington University Hospital**

**Schedule of Staff Service**

**1938**

### **Medicine**

**January, February and March, Dr. Herman S. Hoffman.**

**April, May and June, Dr. Frank A. Hornaday.**

**July, August and September, Dr. John A. Reed.**

**October, November and December, Dr. William J. Mallory.**

### Surgery

January, February and March, Dr. W. Warren Sager,  
Dr. Benjamin F. Dean, Jr.

April, May and June, Dr. Daniel L. Borden, Dr. Alec  
Horwitz.

July, August and September, Dr. Arch L. Riddick, Dr. J.  
Lloyd Collins.

October, November and December, Dr. Paul S. Putzki,  
Dr. William W. Chase.

### Orthopedics

January-June, Dr. Julius Neviasser.

July-December, Dr. Philip O. Pelland.

### Dermatology

Dr. George W. Cresswell, Entire year.

Dr. Harry F. Anderson, January to June.

Dr. Russell Fields, July to December.

### Ophthalmology

January to March, Dr. G. Victor Simpson.

April to June, Dr. Ernest Sheppard.

July to September, Dr. E. L. Goodman.

October to December, Dr. Ronald A. Cox.

### Oto-Laryngology

January and February, Dr. Ben R. Johnson.

March and April, Dr. David Davis.

May and June, Dr. Aubrey Fischer.

July and August, Dr. Lyman B. Tibbets.

September and October, Dr. Joel N. Novick.


November and December, Dr. Jeter C. Bradley.

### Urology

Dr. Frederick A. Reuter, Dr. Gilbert Ottenberg.

### Obstetrics and Gynecology

Dr. Howard F. Kane, Head of Department



## Gynecology

Dr. E. W. Titus, Chief of Division

January, February and March, Dr. Henry L. Darner, Chief; Dr. Howard P. Parker, Associate.

April, May and June, Dr. Herbert P. Ramsey, Chief; Dr. Walter W. Boyd, Associate.

July, August and September, Dr. Radford Brown, Chief; Dr. Walter W. Boyd, Associate.

October, November and December, Dr. Jacob Kotz, Chief; Dr. Howard P. Parker, Associate.

## Obstetrics

Dr. W. P. Haynes, Chief of Division

January, February and March, Dr. Bernard Notes, Chief; Dr. Walter W. Boyd, Associate.

April, May and June, Dr. Samuel M. Dodek, Chief; Dr. Howard P. Parker, Associate.

July, August and September, Dr. Lawrence L. Cockerille, Chief; Dr. Howard P. Parker, Associate.

October, November and December, Dr. W. Raymond Thomas, Chief; Dr. Walter W. Boyd, Associate.

## Out-Patient Department

Obstetrical and Gynecological Dispensary  
(Entire Year)

Monday, Dr. Helen G. Kain.

Tuesday, Dr. Howard P. Parker.

Wednesday, Dr. Esther Nathanson.

Thursday, Dr. Walter W. Boyd.

Friday, Dr. Elizabeth Parker.

Saturday, Dr. Harry S. Douglas.

Alternates, Dr. W. Raymond Thomas, Dr. Lawrence L. Cockerille.

Contraceptive Clinic (Tuesday and Thursday) Dr. George Nordinger.

Home Deliveries: Dr. H. P. Ramsey, Dr. Bernard Notes, Dr. Samuel M. Dodek, Dr. Howard P. Parker, Dr. Walter W. Boyd.

## Neurology

Dr. Walter Freeman, Chief of Service.

Dr. H. D. Shapiro, Associate.

Dr. James W. Watts, Associate (Neuro-Surgery).

## Psychiatry

Dr. Agnes Gregg.

## Oto-Laryngological Clinic Schedule

For Services at George Washington Hospital

Year of July 1, 1938 to June 30, 1939.

July, August, September, 1938, Dr. Don Johnson.

October, November, December, 1938, Dr. Joel Novick.

January, February, March, 1939, Dr. David Davis.

April, May, June, 1939, Dr. Lyman Tibbetts.

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Attending Physicians—Courtesy List

July 1, 1937—June 30, 1938

50 Not Members of D. C. Med. Soc.

Member D.C. Med. Society	Member American Medical Assoc.		
Yes	Yes	Abernathy, Theodore J.....	Internal Medicine
Yes	Yes	Albritton, Errett C.....	Physiology
Yes	Yes	Alexander, Samuel A.....	Ear, Nose and Throat
Yes	Yes	Anderson, Harry F.....	Dermatology
Yes	Yes	Atkinson, Wade H.....	General Medicine, Normal Obstetrics, Gynecology, Tonsillectomies & Minor Surgery
Yes	Yes	Ault, Garnet W.....	Proctology
Yes	Yes	Baber, John M.....	Minor Surgery
Yes	Yes	Bachrach, Louis B.....	General Surgery
Yes	Yes	Bacon, Robert B.....	Medicine
Yes	Yes	Ball, George L.....	Medicine
Yes	Yes	Barr, Eugene O.....	Surgery
Yes	Yes	Beard, William H.....	Gynecology and Obstetrics
Yes	Yes	Belair, Joseph F.....	Radiology
Yes	Yes	Belt, Norvell.....	Genito-urinary
Yes	Yes	Benton, Frederick L.....	Ophthalmology
Yes	Yes	Blajwas, Abe.....	Internal Medicine & Chest Diseases
Yes	Yes	Bloedorn, Walter A.....	Internal Medicine
Yes	Yes	Borden, Daniel LeRay.....	General Surgery
Yes	Yes	Bosworth, Robert J.....	Normal Obstetrics & Medicine
Yes	Yes	Bowen, William S.....	Obstetrics
Yes	Yes	Bowne, Charles J.....	Normal Obstetrics & Medicine



Member D.C. Med. Society	Member American Medical Assoc.		
Yes	Yes	Boyd, Walter W.	Obstetrics and Gynecology
Yes	Yes	Braden, Frank W.	Obstetrics
Yes	Yes	Bradley, Jeter C.	Otolaryngology
Yes	Yes	Bradley, Thomas	General Surgery
Yes	Yes	Breeding, Earle G.	Oto-laryngology
Yes	Yes	Briggs, Crenshaw D.	Surgery
Yes	Yes	Brown, Radford	Gynecology
Yes	Yes	Brown, Leo T.	Gastro-enterology
Yes	Yes	Brumbaugh, G. Marcus	Normal Obstetrics & Medicine
Yes	Yes	Cafritz, Edward A.	Surgery
Yes	Yes	Cahill, James A.	Surgery
Yes	Yes	Campbell, Charles B.	Dermatology
Yes	Yes	Carr, Elma B.	Normal Obstetrics & Medicine
No	Yes	Castell, Richard B.	Gen. Med., Minor Surg., Normal Ob. & Tonsillecto- mies
Yes	Yes	Chapman, Katharine A.	Normal Obstetrics & Medicine
Yes	Yes	Chase, William W.	Surgery
Yes	Yes	Chenery, Alan J.	Urology
Yes	Yes	Chickering, Elizabeth E.	Pediatrics
Yes	Yes	Choiser, Roger M.	Pathology
Yes	Yes	Claud, Harry L.	Surgery
Yes	Yes	Cockerville, Lawrence E.	Obstetrics & Gynecology
Yes	Yes	Cole H. Eugene	Surgery
Yes	Yes	Collins, J. Lloyd	Surgery
No	Yes	Collins, Thomas F.	Medicine & Normal Ob.
Yes	Yes	Conklin, Courten B.	Medicine
Yes	Yes	Connor, Jack A.	Surgery
Yes	Yes	Constantinople, P. S.	Ear, Nose & Throat
Yes	Yes	Cousins, Sidney C.	Medicine
Yes	Yes	Cox, Ronald A.	Ophthalmology
Yes	Yes	Creswell, George W.	Syphilology
No	Yes	Crevelling, Cyrus R.	Normal Ob. & Medicine
Yes	Yes	Cromer, Jerry K.	Obstetrics & Gynecology
Yes	Yes	Cross, Allen S.	General Medicine, Normal Ob., and Minor Surgery
Yes	Yes	Crowe, John W.	Medicine
Yes	Yes	Culver, Cyrus W.	stetrics & Medicine
Yes	Yes	Daniels, Worth B.	Internal Medicine
Yes	Yes	Darnall, Moses H.	Medicine
Yes	Yes	Darner, Henry L.	Gynecology
Yes	Yes	Davis, David	Ear, Nose, Throat & Bronchoscopy
Yes	Yes	Davis, William T.	Ophthalmology
Yes	Yes	Dean, Benjamin F., Jr.	Surgery
Yes	Yes	DeSaussure, Richard L.	Otolaryngology
Yes	Yes	Deneoff, Joseph	Ophthalmology
No	Yes	Detwiler, William S.	Medicine
Yes	Yes	Dewey, George	Minor Surgery
Yes	Yes	Diaz, Philip	Anesthesia
No	Yes	Dickens, Paul F.	Internal Medicine
Yes	Yes	Dodek, Samuel M.	Obstetrics & Gynecology
Yes	Yes	Douglas, Harry S.	Endocrinology, Ob. & Gyn.
Yes	Yes	Dunkley, Richard E.	Internal Medicine
Yes	Yes	Dunn, William LeRoy	Internal Medicine

Member D.C. Med. Society	Member American Medical Assoc.		
Yes	Yes	Earley, James H. ....	Otolaryngology
Yes	Yes	Einstein, Hugo. ....	Surgery & Gynecology
Yes	Yes	Ellison, Everett M. ....	Internal Medicine
Yes	Yes	Enlows, Ella M. A. ....	Otorhino-laryngology
Yes	Yes	Ethridge, Clayton B. ....	Internal Medicine
Yes	Yes	Fadeley, James M. ....	Urology
No	Yes	Feldman, Irvin. ....	Otolaryngology
Yes	Yes	Ferguson, Charles E. ....	Major Surgery (observe)
Yes	Yes	Fields, Russell J. ....	Dermatology & Syphilology
Yes	Yes	Fischer, Aubrey D. ....	Oto-laryngology
Yes	Yes	Fishback, Frederick C. ....	Surgery
Yes	Yes	Fong, Theodore C. C. ....	Syphilology
Yes	Yes	Freeman, Walter. ....	Neurology & Psychiatry
Yes	Yes	French, Leslie H. ....	Internal Medicine
No	Yes	Friedenberg, Harry. ....	Internal Medicine
Yes	Yes	Fugitt, Elmer W. ....	Medicine
Yes	Yes	Fulcher, Oscar H. ....	Surgery
Yes	Yes	Fuller, Homer G. ....	Urology
Yes	Yes	Gaffney, Leo B. ....	Surgery
Yes	Yes	Gantz, Frank E. ....	General Surgery
Yes	Yes	Gerber, Aaron H. ....	General Medicine
No	Yes	Gibson, John A. ....	Medicine
Yes	Yes	Gill, William T., Jr. ....	Internal Medicine
No	Yes	Gillen, James H. ....	General Surgery, Normal Ob. Operative Ob. & Gynecology
Yes	Yes	Glenn, Joseph B. ....	Internal Medicine
Yes.	Yes	Glover, Mervin W. ....	Medicine, Normal Ob., and Minor Surgery
Yes	Yes	Golden, Benjamin. ....	Surgery
Yes	Yes	Goldenberg, Carl. ....	Internal Medicine
Yes	Yes	Goodman, Edgar L. ....	Ophthalmology
Yes	Yes	Goodman, William D. ....	Urology
Yes	Yes	Gordon, Leon S. ....	Internal Medicine
Yes	Yes	Graeff, Earl W. ....	Normal Obstetrics & Medicine
Yes	Yes	Gurwin, Bernard. ....	Ophthalmology
Yes	Yes	Gwynn, William C. ....	Surgery
Yes	Yes	Hagner, Francis R. ....	Urology
Yes	Yes	Hall, Custis L. ....	Orthopedics
No	Yes	Hall, Jesse L. ....	General Medicine
Yes	Yes	Halley, Charles R. L. ....	Internal Medicine
Yes	Yes	Hand, Frank M. ....	Orthopedic Surgery
Yes	Yes	Hantman, Irvin. ....	Ear, Nose & Throat
Yes	Yes	Hardin, Bernard L., Jr. ....	Medicine
Yes	Yes	Harmon, Robert H. ....	Internal Med., Normal Ob., & Minor Surgery
Yes	Yes	Harris, Joseph. ....	Obstetrics & Gynecology
Yes	Yes	Hawfield, James. ....	Surgery
Yes	Yes	Haynes, Preston. ....	Obstetrics & Gynecology
Yes	Yes	Heath, A. Fife. ....	General Medicine
Yes	Yes	Herbst, William P. ....	Urology
Yes	Yes	Herschman, Myer J. ....	Urology
Yes	Yes	Hertsberg, Herman. ....	Gynecology and Obstetrics
Yes	Yes	Hess, Valentine M. ....	Surgery
Yes	Yes	Hildenbrand, Emil J. C. ....	Surgery
Yes	Yes	Hilton, James F. ....	Medicine and T & A
Yes	Yes	Hixson, Clayton H. ....	Gynecology & Obstetrics
Yes	Yes	Hoffman, Herman S. ....	Internal Medicine

Member D.C. Med. Society	Member American Medical Assoc.		
Yes	Yes	Hollingsworth, Russell K.	Surgery
Yes	Yes	Holm, George A.	Internal Medicine
Yes	Yes	Horgan, Edmund	Major Surgery
Yes	Yes	Horgan, Joseph	General Surgery
Yes	Yes	Hornaday, Frank A.	Internal Medicine & Normal Ob.
Yes	Yes	Hornthal, Henry A.	Surgery & Gynecology
Yes	Yes	Horwitz, Alec	Surgery
Yes	Yes	Howlett, Howard H.	General Medicine & Normal Ob.
Yes	Yes	Hyde, Charles W.	Anesthesia
Yes	Yes	Iden, Benjamin F., Jr.	Nose & Throat
No	Yes	Jackson, Ruth	General Med., Ob. & Minor Surgery
Yes	Yes	Jackson, Virgil B.	Gynecology
Yes	Yes	Jenkins, William H.	Oto-laryngology
Yes	Yes	Johnson, Don	Ear, Nose and Throat
Yes	Yes	Johnson, Fordyce A. H.	Ear, Nose and Throat
Yes	Yes	Kane, Howard F.	Obstetrics
Yes	Yes	Karpeles, S. R.	Gynecology
Yes	Yes	Katzman, Howard	Gen. Med., Minor Surgery, Obstetrics and Anesthesia
Yes	Yes	Katzman, Sollie	Anesthesia
Yes	Yes	Kemble, Adam	Urology
Yes	Yes	Kerr, Harry H.	Anesthesia
Yes	Yes	Kossow, Maurice J.	Medicine and Obstetrics
Yes	Yes	Kots, Jacob	Obstetrics & Gynecology
No	Yes	Krause, Edward A.	General Medicine
Yes	Yes	Kushner, David H.	Obstetrics & Gynecology
Yes	Yes	Leadbetter, Guy W.	Orthopedic Surgery
Yes	Yes	LeComte, R. M.	Urology
Yes	Yes	Leonard, Bernard W.	Internal Medicine
Yes	Yes	Levitt, Louis P.	Medicine
Yes	Yes	Lewis, Edward	Pediatrics
Yes	Yes	Lewis, Harry S.	General Surgery
Yes	Yes	Loftus, James M.	Operative Ob. & Gynecology
Yes	Yes	Luckett, L. Fleet	Internal Medicine
Yes	Yes	Lyons, John H.	General Surgery
Yes	Yes	McChesney, Frank M.	General Medicine
Yes	Yes	McGovern, F. X.	Surgery
Yes	No	McGrath, James L.	Dental Surgery
Yes	Yes	McLain, George	General Surgery & Gynecology
Yes	Yes	McLendon, Preston A.	Pediatrics
Yes	Yes	McNitt, Arnold	Internal Medicine
Yes	Yes	McNitt, H. J. Russell	Gynecology & Obstetrics
Yes	Yes	McNulty, Richard J.	Medicine
Yes	Yes	Machlis, Samuel A.	Ophthalmology
Yes	Yes	Macon, Edward B.	Anesthesia
Yes	Yes	Mallory, William J.	Internal Medicine
Yes	Yes	Mandelos, Nicholas A.	Tuberculosis
Yes	Yes	Manganaro, Raphael N.	Internal Medicine
Yes	Yes	Marbury, William B.	Surgery
Yes	Yes	Martyn, Herbert E.	Normal Ob. & Medicine
Yes	Yes	Meloy, William C.	Ear, Nose & Throat & Plastic Surg.

Member D.C. Med. Society	Member American Medical Assoc.		
Yes	Yes	Miller, William S.	Gen. Med., Normal Ob., Minor Surg. and Gynecology
Yes	Yes	Mitchell, Joseph E.	Normal Ob. & Medicine
Yes	Yes	Mitchell, James F.	Surgery
Yes	Yes	Morris, William R.	Surgery
No	No	Morrison, Ralph L.	Dentistry
Yes	Yes	Morse, Edward C.	Minor Surgery
Yes	Yes	Moulden, William R.	General Surgery
Yes	Yes	Mourot, Arthur J.	Surgery
Yes	Yes	Mundell, Joseph J.	Obstetrics & Gyn.
Yes	Yes	Murray, Raymond W.	Internal Medicine
No	Yes	Musgrave, George H.	Medicine
Yes	Yes	Myers, Walter K.	Internal Medicine
Yes	Yes	Nathanson, Esther A.	Ob. & Gyn. & Female Urology
Yes	Yes	Neill, Thomas E.	Surgery & Gynecology
Yes	Yes	Neviaser, Julius S.	Orthopedic Surgery
Yes	Yes	Nicklas, Edward W.	Normal Ob. & Medicine
Yes	Yes	Nordlinger, George	Gyn. & Ob.
Yes	Yes	Notes, Bernard	Ob. & Gyn.
Yes	Yes	Novick, Joel N.	Ear, Nose & Throat
No	No	Ogus, William I.	Dental & Oral Surgery
Yes	Yes	O'Keeffe, James A.	General Medicine
Yes	Yes	Orr, William J. B.	General Surgery
Yes	Yes	Ottenberg, Gilbert	Urology
Yes	Yes	Pagan, Albert E.	Ob. & Gyn.
Yes	Yes	Parker, Howard P.	Gyn. & Ob.
Yes	Yes	Pelland, Philip O.	Orthopedic Surgery
Yes	Yes	Pelzman, Ivy A.	Urology
Yes	Yes	Perkins, William R.	Minor Surgery, Normal Ob. & Med.
Yes	Yes	Porton, Stanley P.	General Medicine
Yes	Yes	Preece, Alec A.	Ob. & Gyn.
Yes	Yes	Prentiss, Daniel W.	Minor Surg. Normal Ob. & Med.
Yes	Yes	Preston, John F.	Internal Medicine
Yes	Yes	Price, Walter W.	Normal Ob. & Med.
Yes	Yes	Protas, Maurice	Internal Medicine
Yes	Yes	Purse, Grace G.	Minor Surg. Normal Ob. & Med.
Yes	Yes	Putaki, Paul S.	Surgery
Yes	Yes	Quick, Ralph A.	Medicine
Yes	Yes	Reed, John A.	Internal Medicine
Yes	Yes	Reeves, William P.	General Surgery
Yes	Yes	Reisinger, John C.	Internal Medicine
Yes	Yes	Repetti, Fred	General Medicine
Yes	Yes	Reuter, Frederick A.	Urology
Yes	Yes	Richtmeyer, Duano C.	Surgery
Yes	Yes	Richwine, Alfred H.	Med., Minor Surg. & Normal Ob.
Yes	Yes	Richwine, Barton W.	Ob. & Gyn.
Yes	Yes	Riddick, Arch L.	Surgery
No	Yes	Rod, Isadore	Medicine
Yes	Yes	Rolls, James A.	General Medicine
Yes	Yes	Rossiter, Thomas J.	Gen. Med., & Pediatrics
No	Yes	Rude, Gilbert B.	Med., Ob. & Minor Surgery
Yes	Yes	Rusmissele, Leslie T.	Normal Ob. & Medicine

Member D.C. Med. Society	Member American Medical Assoc.		
Yes	Yes	Sager, W. Warren	Surgery
Yes	Yes	Sanderson, Fred R.	Surgery
Yes	Yes	Sandler, I. Lewis	Dermatology & Syphilology
Yes	Yes	Schoenfeld, Herbert H.	Surgery
No	Yes	Shull, E. C.	General Med., & Ob.
No	Yes	Schwartzman, Aaron S.	General Medicine
Yes	Yes	Schwarzmann, John U.	Urology
Yes	Yes	Shearer, Joseph P.	Surgery & Gynecology
Yes	Yes	Shoppard, Ernest	Ophthalmology
Yes	Yes	Shugrue, John J.	Neuro-Surgery
Yes	Yes	Simpson, Charles A.	Dermatology
Yes	Yes	Sims, William B.	Internal Medicine
Yes	Yes	Smiler, Nathan N.	Surgery
Yes	Yes	Snowden, Edgar	Normal Ob. & Medicine
Yes	Yes	Sparks, W. C.	Ear, Nose & Throat
Yes	Yes	Speidel, Francis G.	Anesthesia
Yes	Yes	Stanton, William J.	Surgery, Gyn. & Ob.
No	Yes	St. Clair, Francis A.	Normal Ob., & Medicine
Yes	Yes	Stevenson, Leland E.	Med., Normal Ob. & Minor Surg.
No	Yes	Sugar, Samuel J.	Gen. Med., Normal Ob. & Minor Surgery
Yes	Yes	Taggart, S. Ross	General Surg., Normal Ob. & Medicine
Yes	Yes	Taylor, Lewis H.	Surgery
Yes	Yes	Thomas, William R.	Surgery
Yes	Yes	Thompson, J. Lawn	Medicine
Yes	?	Thompeon, Millard F.	General Medicine
Yes	No	Thompson, Richard K.	Dental Surgery
Yes	Yes	Thompson, Thomas C.	Urology
Yes	Yes	Tibbetta, Albert P.	Ear, Nose & Throat
Yes	Yes	Trible, George B.	Otolaryngology
Yes	Yes	Vann, Homer K.	Ear, Nose & Throat
Yes	Yes	van Kinsbergen, Maurice	General Medicine
No	Yes	Vedder, Edward B.	Tropical Medicine
Yes	Yes	Walker, Allen E.	Otolaryngology
Yes	Yes	Warfield, John O., Jr.	Surgery
Yes	Yes	Weinstein, David L.	Pediatrics
Yes	Yes	Weitsman, Harry S.	Surgery
Yes	Yes	Weller, G. Louis, Jr.	Internal Medicine
Yes	Yes	White, Charles S.	Surgery
Yes	?	Whitson, William E.	Medicine
Yes	Yes	Wilkinson, Richard W.	Eye, Ear, Nose & Throat
Yes	Yes	Williamson, Fred Y.	General Med., & Ob.
Yes	Yes	Williman, Frank L.	Internal Medicine
No	?	Young, Albert T.	Gynecology & Ob.
Yes	Yes	Young, William G.	Urology
Yes	Yes	Zehner, Harry	General Medicine

#### Additions to Courtesy Staff

No	No	Berenstein, Stanley H.	Pediatrics & Minor Surg.
Yes	Yes	Bliss, Charles L.	General Medicine
No	Yes	Lachman, Sander E.	Pediatrics, including child Psychiatry
Yes	Yes	Sorrell, George R.	General Medicine



Member D.C. Med. Society	Member American Medical Assoc.		
No	Yes	Ziegler, Edwin E.	Internal Medicine
No	No	Newton, Howard J.	Oral Surgery
No	Yes	Pincock, Carolyn S.	Pediatrics, & Minor Surg.
Yes	Yes	Scala, Norman P.	Ophthalmology
Yes	Yes	Campbell, Elliott M.	Surgery
No	Yes	Abramson, Herbert	Gen. Med., & Minor Surgery
Yes	Yes	Lee, Allen E.	General Medicine
Yes	Yes	Grass, Edward J.	General Plastic Surgery
Yes	Yes	Strine, Howard H.	Surgery
Yes	Yes	Tegge, Charles W.	Otolaryngology
Yes	Yes	Watta, James W.	Neurosurgery
No	Yes	Helfgott, N. J.	Medicine
No	Yes	Kaufman, Morton S.	Minor Surg., Ob. & Gyn.
Yes	Yes	Avery, Frederick S.	Gen. Surg., Normal Ob., Oper. Ob. & Gyn.
Yes	Yes	Baker, May D.	General Practice
No	Yes	Forcione, Eugene A.	General Medicine
Yes	Yes	Foye, A. Frances	General Medicine
Yes	Yes	Greenlaw, Joseph J.	Pediatrics
Yes	Yes	Harnsberger, Charles W.	Gastroenterology
Yes	Yes	Hottel, Robert R.	General Medicine
No	Yes	Lind, John E.	Psychiatry
Yes	Yes	Minor, John	Internal Medicine
Yes	Yes	Nicholson, Margaret M.	Pediatrics
Yes	Yes	Nimetz, Aaron	Internal Medicine & Pediatrics
Yes	Yes	Ong, Harry A.	Pediatrics
Yes	Yes	Parker, Katherine E.	Medicine
No	Yes	Phillips, Benjamin F.	Medicine
Yes	Yes	Prosperi, Milton H.	Medicine
Yes	Yes	Roman, Frederick O.	General Medicine
Yes	Yes	Sexton, Roy L.	Internal Medicine
Yes	Yes	Shapiro, Hyman D.	Neurology
Yes	Yes	Stevenson, Ralph R.	General Medicine
No	Yes	Thornley, Roy A.	Internal Medicine
Yes	Yes	Chipman, C. N.	Anesthesia
No	Yes	Davidson, James F.	Anesthesia
Yes	Yes	Elward, Joseph F.	Röntgenology
No	?	Hollister, William	General Surgery
Yes	Yes	Howse, Charles P.	G. U. Surgery
Yes	Yes	Hyde, Leroy W.	Ophthalmology
Yes	Yes	Larkin, Edward	Orthopedics
Yes	Yes	Sawyer, Leroy L.	Otolaryngology
Yes	Yes	Mann, Jesse T.	Anesthesia
Yes	Yes	Mason, William B.	Otorhinolaryngology
Yes	Yes	Stirling, W. C.	Urology
Yes	Yes	Tibbets, Lyman B.	Otolaryngology
Yes	Yes	Chase, Morris	General Medicine
No	No	Clayman, David S.	General Medicine
Yes	Yes	Fletcher, Harry M.	General Med. & Minor Surg.
No	Yes	Litvin, Philip	Medicine
No	Yes	Morgan, Ernest L.	Gastroenterology
Yes	Yes	Steinman, Erwin	General Medicine
Yes	Yes	Washington, Daniel B.	General Medicine
Yes	Yes	Manchester, Benjamin	Medicine
No	Yes	Thompson, J. Lawn, Jr.	Medicine
No	Yes	Brainin, William	Minor Surg., & Normal Ob.
No	Yes	Fusfeld, Cecile L.	Medicine
Yes	Yes	O'Donnell, Roger J.	Ob. & Gyn.
Yes	Yes	Alpher, Isadore M.	Gen. Med. & Surgery
Yes	Yes	Cate, L. Huntley	General Medicine

Member D.C. Med. Society	Member American Medical Assoc.		
Yes	Yes	Deman, Charles J.	Ob. & Gyn.
Yes	Yes	Donnally, Harry H.	Pediatrics & Allergy
Yes	Yes	Dunne, Anna B.	Gyn. & Proctology
Yes	Yes	Ellerson, Edmund M.	Ob. & Gyn.
No	Yes	Glaubach, Nathan	General Medicine
No	Yes	Havell, Robert B.	General Med., Minor Surg. & Normal Ob.
Yes	?	Jaeger, Henry W.	General Medicine
No	Yes	McNutt, Agnes L.	Gen. Med., Normal Ob. & Minor Surg.
Yes	Yes	Mesitis, Felo	Med., Gyn. & Ob.
Yes	Yes	Pincock, Glen	General Medicine
Yes	Yes	Ramsey, Herbert P.	Ob. & Gyn.
Yes	Yes	Reeves, Clyde P.	Med., Ob. & Gyn.
Yes	Yes	Silvester, Richard L.	Ob. & Gyn.
No	Yes	Sotherton, Elmer	Gen. Med., & Ob.
No	Yes	Thom, Alfred P., 3rd	Internal Medicine
Yes	Yes	Read, Boyd R.	General Medicine
No	Yes	Willison, Eugene E.	Ophthalmology
No	No	Maret, Raymond	Med., Minor Surg. & Normal Ob.
Yes	Yes	Davies, Harry F.	Otolaryngology
Yes	Yes	Atkinson, Walter	Surgery
No	Yes	Engl, Otto A.	Orthopedics
No	Yes	De Vito, Michael P.	Surgery
Yes	Yes	Schwartzbach, Saul	Surgery
Yes	Yes	Gates, Herbert S.	General Medicine
Yes	?	Bailey, William O.	Eye, Ear, Nose & Throat
No	Yes	Ryland, Charles P.	General Medicine

## Applications Disapproved for Courtesy Privileges:

Yes	Yes	Carbo, Ralph J.
Yes	Yes	Fernald, Clarence J.
Yes	Yes	Cox, O. C.
No	Yes	Rosenthal, Jacob S.
Yes	Yes	Abbe, Truman

Gov. Ex. 615

The Medical Society of the District of Columbia

1718 M Street, N. W.

Washington

July 29, 1937.

DEAR DOCTOR:

It may have come to your attention that there is an organization or organizations that are interested in gaining medical personnel. Your attention is called to Chapter IX, Article IV, Section 5 of the Constitution, quoted in full.

You are particularly urged to submit to the Compensation, Contract and Industrial Medicine Committee, pursuant

to the Constitution, any or all contracts, written or verbal, under which you may contemplate giving your services.

Very truly yours, C. B. Conklin, M.D., Secretary.

C-e.

The Medical Society of the District of Columbia

1718 M Street

(Telephone: District 3111)

Approved List of Organizations, Groups and Individuals, engaged in the practice of medicine within the District of Columbia or within 10 miles thereof. (Chapter IX, Article IV, Section 5 of the Constitution.)

1. All members of the Medical Society of the District of Columbia.

2. Medical staffs of all hospitals, institutions and clinics, each member of which has been approved by the Medical Society of the District of Columbia.

3. The United States Government Medical Personnel on duty in the District of Columbia, or within 10 miles thereof, i.e., the United States Army, Navy, Public Health Service, and the Veterans' Administration.

4. The Health Officer and attached medical personnel.

5. Membership of the District of Columbia Dental Society.

6. Membership of the Homeopathic Medical Society.

7. Members of the Montgomery County (Md.), Prince Georges County (Md.), Fairfax County (Va.), and Arlington County (Va.) Medical Societies, who reside within 10 miles of the District of Columbia.

8. Members of the Alexandria Medical Society.

9. The following Compensation Clinics:

Operated by

Farragut Medical Clinic, Frank E. Gantz, M.D.

First Aid Station, Arch L. Riddick, M.D.

Harry M. Lewis Clinic, Harry M. Lewis, M.D.

Market Compensation Accident Clinic, M. J. Kossow, M.D.

Northeast Insurance Clinic, G. Henry Rawson, M.D.

Union Market Workmen's Compensation Clinic, Maxwell Hurston, M.D.

Washington Industrial Accident Clinic, Edward Clark Morse, M.D.

Washington Medical Building Workmen's Clinic, Charles S. White, M.D.

10. All medical personnel employed by the Federal or Municipal Governments within the District of Columbia or within 10 miles thereof.

11. Membership of the Medico-Chirurgical Society (colored Medical Society).

12. Membership of the Robert T. Freeman Dental Society (colored Dental Society).

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The Medical Society of the District of Columbia

1718 M Street, N. W.

Washington

July 29, 1937.

TO THE SUPERINTENDENT:

Pursuant to action of the Executive Committee, held on the evening of July 12, 1937, and in fulfilment of Chapter IX, Article IV, Section 5 of the Constitution, your attention is hereby called to the list of organizations, groups and individuals herewith enclosed. The approved list is on file with the Secretary's Office. The amendment is now in force. Any violation thereof will make a member liable according to the provisions of the Constitution:

Chapter IX, Article IV, Sec. 5:

"No member of the Society shall engage in any professional capacity whatsoever with any organization, group or individual, by whatever name called or however organized, engaged in the practice of medicine within the District of Columbia or within 10 miles thereof, which has not been approved by the Society.

"The Executive Committee is authorized and directed to prepare an approved list of organizations, groups and individuals, by whatever name called and however organized, engaged in the practice of medicine within the District of Columbia or within 10 miles thereof, and the same shall be kept in the office of the Secretary-Treasurer. Before any such organization, group or individual can be placed on the approved list of the Society, such organization, group or individual, or the member of the Society proposing professional relations therewith, shall submit to the Compen-

sation, Contract and Industrial Medicine Committee such evidence as the Committee or the Society may require showing the character, activities, financial condition and ethical standards of said organization, group or individual, and after considering the same, said committee shall make a report of its investigation and findings to the Executive Committee for such action as it may deem necessary."

Very truly yours, C. B. Conklin, M.D., Secretary.

C-e

**Copy**

**The Medical Society of the District of Columbia**

**1718 M Street**

**Washington**

**Resolution adopted by the Society, in session on the evening of December 1, 1937:**

**Resolved, That as a matter of educational policy the Medical Society of the District of Columbia strongly recommends that all hospitals engaged in the teaching and training of residents, interns, and nurses, where possible, follow the recommendation of the American Medical Association regarding the constitution of their entire Medical Staffs, namely, that each appointee be a member of the Medical Society of the District of Columbia or a local medical society in this immediate neighborhood and a member of the American Medical Association.**



Gov. Ex. 617

Copy

The Medical Society of the District of Columbia  
Successor (1911) to the Medical Society of the District of  
Columbia, Founded September 26, 1817, and the Medical  
Association of the District of Columbia, Founded January  
11, 1833

1718 M Street

Washington

Office of Secretary-Treasurer

December 2, 1937.

Chief of Staff, George Washington University Hospital,  
1339 H Street, Northwest, Washington, D. C.

DEAR DOCTOR:

Pursuant to formal action of the Medical Society of the  
District of Columbia, in session on the evening of Decem-  
ber 1, 1937, the attached resolution is sent you.

Very truly yours, C. B. Conklin, M.D., Secretary.

CBC/dw. Encl.

Gov. Ex. 624

1752

Memorandum

Re: Medical Society Affiliations of Staff Members Of Mil-  
waukee Hospitals Approved for Intern Training

Columbia Hospital:

Date of Staff List: 1936.

Physicians Expelled from Society Membership on Staff  
List: None.

Analysis:

Regular and Associate

Fellows	73
Members	8
Non-members	4

**Evangelical Deaconess Hospital:**

Date of Staff List: 10/11/35.

Physicians Expelled from Society Membership on Staff  
List: E. L. Dallwig.

Analysis:

**Active and Associate**

Fellows	46
Members	12
Non-members	10

**Milwaukee Hospital, "The Passavant":**

Date of Staff List: 10/28/35.

Physicians Expelled from Society Membership on Staff  
List: None.

Analysis:

Fellows	33
Members	4
Non-members	0

1753

**Misericordia Hospital:**

Date of Staff List: 10/15/35.

Physicians expelled from Society Membership on Staff  
List: A. L. Curtin.

Analysis:

Fellows	27
Members	15
Non-members	15

**Mount Sinai Hospital:**

Date of Staff List: 1/1/36.

Physicians Expelled from Society Membership on Staff  
List: A. L. Curtin, H. F. Wolters.

Analysis:

**Attending, Associate, Adjunct,  
and Clinic Physicians**

Fellows	67
Members	27
Non-members	18

**St. Joseph's Hospital:**

Date of Staff List: 10/11/35.

Physicians Expelled from Society Membership on Staff

List: G. A. Sullivan.

Analysis:

**Regular and Associate**

Fellows	56
Members	13
Non-members	7

**St. Luke's Hospital:**

Date of Staff List: June 1936.

Physicians Expelled from Society Membership on Staff

List: None.

1754

**St. Luke's Hospital (continued):**

Analysis:

**Active**

Fellows	36
Members	14
Non-members	4

**St. Mary's Hospital:**

Date of Staff List: 11/1/35.

Physicians Expelled from Society Membership on Staff

List: None.

Analysis:

**Active and Associate**

Fellows	43
Members	11
Non-members	4

MH.

July 30, 1936.

Gov. Ex. 635

1774

**To the Staff of Misericordia Hospital, Milwaukee:**

Our Hospital may be withdrawn from the list of hospitals approved for intern training by the Council on Medical

Education and Hospitals, one of the apparent reasons being that the staff has not as yet adopted the following resolution of the House of Delegates of the American Medical Association:

"Resolved, That it is the opinion of the House of Delegates of the American Medical Association that physicians on the staff of hospitals approved for intern training by the Council on Medical Education and Hospitals should be limited to members in good standing of their local County Medical Societies and that the House of Delegates requests the Council on Medical Education and Hospitals to take this under advisement."

Insofar as I, as superintendent of the Hospital am authorized by the by-laws to appoint a new staff at the beginning of each fiscal year, it becomes necessary for me to inform you at this time that on September 6, 1937 when the new appointments are made, I will be unable to include any members of the present staff who are not members in good standing of their County Medical Society.

I wish to recommend to the staff at this time, their consideration of an amendment to the by-laws at their annual meeting, whereby Section I of Article II (membership) be changed to read

"The applicant for membership shall be a graduate of a recognized medical school, legally licensed to practice in the State of Wisconsin and a member in good standing in his County Medical Society."

Sister Saint Emile, S.M., Superintendent of Hospital.

May 11, 1937.

Gov. Ex: 636

1776

July 18, 1936.

Sister St. Emile, Supt., Misericordia Hospital, Milwaukee, Wisconsin.

MY DEAR SISTER:

It has come to our attention, through correspondence with the Medical Society of Milwaukee County, that certain

physicians have been expelled from that society through participation in an organization known as "Milwaukee Medical Center." It is also reported that certain of these same individuals continue as members of your attending staff with hospital privileges.

May we call your attention to the recent resolution passed by the House of Delegates of the American Medical Association, as follows:

"Resolved, That it is the opinion of the House of Delegates of the American Medical Association that physicians on the staffs of hospitals approved for intern training by the Council on Medical Education and Hospitals should be limited to members in good standing of their local county medical societies and that the House of Delegates requests the Council on Medical Education and Hospitals to take this under advisement."

What possibility, if any exists for observance of the principle laid down in this resolution?

Very truly yours,

WDC:MH.

---

Gov. Ex. 637

1801

July 18, 1936.

Miss Elizabeth Woolson, R.N., Supt., St. Luke's Hospital,  
230 W. Madison Street, Milwaukee, Wisconsin.

MY DEAR MISS WOOLSON:

It has come to our attention, through correspondence with the Medical Society of Milwaukee County, that certain physicians have been expelled from that society through participation in an organization known as "Milwaukee Medical Center." It is also reported that certain of these same individuals continue as members of your attending staff with hospital privileges.

May we call your attention to the recent resolution passed by the House of Delegates of the American Medical Association, as follows:

"Resolved, That it is the opinion of the House of Delegates of the American Medical Association that physicians on the staffs of hospitals approved for intern training by



the Council on Medical Education and Hospitals should be limited to members in good standing of their local county medical societies and that the House of Delegates requests the Council on Medical Education and Hospitals to take this under advisement."

What possibility, if any, exists for observance of the principle laid down in this resolution?

Very truly yours,

WDC:MH.

Hosp. staff did not receive this letter—so it was retained by Supt.—Ana.

Per delegation 8-17-37.

Gov. Ex. 639

1772

Milwaukee Hospital

"The Passavant"

W. Kilbourn Avenue and N. 22nd Street

Milwaukee, Wis.

Office of Director

Rev. Herm. L. Fritschel, D.D.

November 3, 1936.

Dr. Wm. D. Cutter, Secretary, American Medical Association, 535 North Dearborn Street, Chicago, Illinois.

Re: Certain Physicians Expelled from Milwaukee County Medical Society

DEAR MR. CUTTER:

In reference to your letter of October 27, about relation of Milwaukee Hospital to the expelled physicians by Milwaukee County Medical Society, for unethical practices, allow me to state that all members of the Staff of Milwaukee Hospital, including those to whom the courtesy to use the hospital was extended, are members of good standing in the Milwaukee County Medical Society.

With best wishes and kind personal regards,

Respectfully yours, Herm. L. Fritschel, D.D.

HLF:IQ.

1851

314

Gov. Ex. 640

1806

St. Luke's Hospital  
230 W. Madison Street  
Milwaukee, Wis.

November 14, 1936

1936 Nov. 16 AM 11 13.

Council on Medical Education and Hospitals, Nov. 16, 1936

American Medical Association, 535 No. Dearborn Street,  
Chicago, Illinois

GENTLEMEN:

Inclosed please find the names of our Active Staff Physicians. All are members of the Milwaukee County Medical Society.

We take this opportunity to report that R. D. Thompson, M.D. left our hospital the last of October to take up private practice, and we now have E. R. Krumbiegel, M.D. as full time resident since October 30.

Yours very truly, St. Lukes Hospital, Millie A. Jacobson, Superintendent.

MAJ :SMB.

Enclosure.

Gov. Ex. 641

Copy

American Medical Association  
Chicago

February 17, 1940.

Mr. Ernest G. McKay, Supt., Tampa Municipal Hospital,  
Tampa, Florida

MY DEAR MR. MCKAY:

The Council on Medical Education and Hospitals, meeting on February 11, voted to withdraw approval for the

training of interns at the Tampa Municipal Hospital. As a result of the changes which have recently been made in the organization of the medical staff, the Council is convinced that the hospital is no longer capable of fulfilling the requirements fixed by this Council and ratified by our House of Delegates.

Very truly yours, William D. Cutter.

WDC:KH.

Gov. Ex. 642

1523

March 28, 1938.

Dr. C. W. Knudson, President, King County Medical Society, Medical and Dental Building, Seattle, Washington

DEAR DOCTOR KNUDSON:

We appreciate very much your continued interest in the work of the Council and your offer to assist us in obtaining full compliance with the resolution of the House of Delegates pertaining to staff appointments in hospitals approved for intern training. We are sending under separate cover the staff lists recently submitted by approved hospitals in Seattle and shall be glad to receive your notification of the number of staff physicians who are not members of the county medical society. Some of the hospitals failed to submit on the last information blank the names of physicians having staff privileges. We are writing for up-to-date staff lists and shall send them on to you at the earliest opportunity.

The information regarding county medical society membership will be particularly useful to us at this time since we are now contemplating a survey of the Seattle hospitals shortly after the American Medical Association convention in San Francisco. So far, it has not been necessary to take drastic action against any hospital on the basis of the membership resolution of the House of Delegates since prompt results have usually been obtained by less formidable action on the part of the Council.

We feel certain that the cooperation of the Kings County Medical Society will be of great help to the Council in this matter.

Very truly yours, — — —.

WDC:MW.  
FHA.

Gov. Ex. 643

American Medical Association

535 North Dearborn Street

Chicago

Council on Medical Education and Hospitals

### Members

Ray Lyman Wilbur, M.D., Chairman, Stanford Univ.

J. H. Musser, M.D. . . . . New Orleans

Fred Moore, M.D. . . . . Des Moines

Reginald Fitz, M.D. . . . . Boston

Fred W. Rankin, M.D. . . . . Lexington, Ky.

Charles Gordon Heyd, M.D. . . . . New York

Frank H. Lahey, M.D. . . . . Boston

William D. Cutter, M.D., Secretary . . . . . Chicago

### Staff

Homer F. Sanger; Oswald N. Andersen, M.D.; Fritjof H. Arestad, M.D.; Hamilton H. Anderson, M.D. Stuart P. Cromer, M.D.

July 22, 1938.

Dr. D. L. Sprinkle, Supt., Tampa Municipal Hospital,  
Tampa, Florida

DEAR DOCTOR SPRINKLE:

Thank you for your letter of June 29 in which you invite the Council to send a representative to assist you in the solution of certain problems now confronting the Tampa Municipal Hospital.

It is unlikely that we can release one of our staff men now or in the near future since the field work is necessarily planned well in advance. You may be assured, however, that the Council desires to be kept informed as to what developments may take place. If later it seems desirable, a visit may be arranged.

The Council is well aware of the situation existing in Tampa between the Hillsborough County Medical Society and the doctors serving the Latin population through the fraternal clubs on contract bases. The position of the hos-

pital has also been under the purview of the Council. A reasonable amount of time has elapsed during which a solution might have been effected. It appears now that a more definite stand must be taken.

You realize that the Council on Medical Education and Hospitals is carrying out the edict of the House of Delegates of the American Medical Association which is here reiterated:

"Resolved, That it is the opinion of the House of Delegates of the American Medical Association that physicians on the staffs of hospitals approved for intern training by the Council on Medical Education and Hospitals should be limited to members in good standing of their local county medical societies and that the House of Delegates requests the Council on Medical Education and Hospitals to take this under advisement."

I do not see that it is your problem or the problem of the American Medical Association to decide whether these clubs are essential under present-day economic conditions or may be dispensed with. The principle involved is one of unethical contract practice by members of your hospital staff. This is in conflict with the resolution as well as with your own staff constitution and by-laws.

No action for removal of the hospital from the approved list will be taken immediately and I believe the Council can see its way clear to carry the name of the Tampa Municipal Hospital in the forthcoming list to be printed in the Educational Number of The Journal A. M. A., August 27, 1938. If a satisfactory settlement cannot be made during the current year, the recognition of the hospital by the Council may be jeopardized.

Very truly yours, William D. Cutter.

WDC:MW.



Gov. Ex. 644

American Medical Association

535 North Dearborn Street

Chicago

Council on Medical Education and Hospitals

### Members

Ray Lyman Wilbur, M. D., Chairman,	Stanford Univ.
J. H. Musser, M. D.	New Orleans
Fred Moore, M. D.	Des Moines
Reginald Fitz, M. D.	Boston
Fred W. Rankin, M. D.	Lexington, Ky.
Charles Gordon Heyd, M. D.	New York
Frank H. Lahey, M. D.	Boston
William D. Cutter, M. D., Secretary	Chicago

Staff: Homer F. Sanger, Oswald N. Andersen, Fritjof H. Arestad, Hamilton H. Anderson, Stuart P. Cromer, M.D.

July 23, 1938.

Dr. G. C. Rankin, 518 Citizens Bank Building, Tampa, Florida

DEAR DOCTOR RANKIN:

I have just received your letter of July 18 and I wish to thank you for inviting us to send a member of the Council's staff to help you in dealing with the problems confronting the Tampa Municipal Hospital. I regret that we cannot release a man at present and probably not in the near future. If it seems expedient a little later, it may be arranged.

It may be of interest to you to know that the superintendent of the hospital, Dr. Sprinkle, has sent a similar request. The Council, as you know, has observed for several years the developments in Tampa with regard to the clubs providing medical care for the Latin population. It is well aware of the attitude of the Hillsborough County Medical Society and its consistent efforts in behalf of the organized medical profession.

We have restated to Dr. Sprinkle that the Council on Medical Education and Hospitals is carrying out the resolu-

tion adopted by the House of Delegates of the American Medical Association with which you are familiar, that is:

"Resolved, That it is the opinion of the House of Delegates of the American Medical Association that physicians on the staffs of hospitals approved for intern training by the Council on Medical Education and Hospitals should be limited to members in good standing of their local county medical societies and that the House of Delegates requests the Council on Medical Education and Hospitals to take this under advisement."

The Council is in a position to carry the name of the Tampa Municipal Hospital on the approved list which will be printed in the Educational Number of The Journal A. M. A., August 27, 1938, but if a satisfactory settlement cannot be reached during the current year, it may become necessary for the staff to submit a recommendation that the approval be withdrawn from this institution.

We would appreciate having a report from you from time to time as to just what transpires. Thank you for your interest in this matter.

Very truly yours, William D. Cutler.

WDC:MW.

Gov. Ex. 645

1936 Oct 29 PM 2 32

1768

Evangelical Deaconess Hospital

1821 W. Wisconsin Avenue

Telephone West 6330

Milwaukee, Wis., October 28, 1936.

William D. Cutler, M. D., American Medical Association,  
535 North Dearborn St., Chicago, Illinois

DEAR DOCTOR CUTLER:

The physicians recently expelled from the Milwaukee County Medical Society were not connected with our hospital.

Physicians who are not members of the Milwaukee County Medical Society are not accepted as members on our staff.

Yours truly, Ev. Deaconess Hospital, Rev. Paul  
Wendt, Superintendent.

PW:E.

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Gov. Ex. 646

DR. CUTTER:

In April and May 1936, the Medical Society of Milwaukee County tried five of its members on the charge of running the Milwaukee Medical Center, an unethical clinic, and expelled them from the Society. These men were:

A. L. Curtin  
H. C. Dallwig  
J. E. Rueth  
G. A. Sullivan  
H. F. Wolters.

They appealed to the Council of the Wisconsin State Medical Society which handed down a decision on September 8, 1936, confirming the order expelling the appellants from membership.

On July 18, 1936, we wrote to the hospitals of Milwaukee to find out whether any of these men were on their staffs. Follow-up letters were sent October 27.

Five of the hospitals replied that the expelled members were not in any way connected with their hospitals. These were:

Evangelical Deaconess Hospital  
Columbia Hospital  
Milwaukee Hospital  
St. Luke's Hospital  
St. Mary's Hospital.

Two reported that the expelled members had been required to resign:

Misericordia Hospital  
St. Joseph's Hospital.

One hospital reported that action was being held in abeyance for fear of legal complications "until this matter

is adjudicated." This was Mount Sinai Hospital.

HFS-MM.  
1-8-37.

Gov. Ex. 647

Copy.

State Medical Society of Wisconsin  
Madison

1757

In the Matter of

A. L. Curtin, M.D.  
H. C. Dallwig, M.D.  
J. E. Rueth, M.D.  
Gerald A. Sullivan, M.D.  
H. F. Wolters, M.D.

Appellants

This matter involves appeals to this Council by the above-named members of the Medical Society of Milwaukee County and of the State Medical Society of Wisconsin from decisions of the Board of Directors of the Medical Society of Milwaukee County ordering the expulsion from membership in that society of each of the appellants.

A hearing on these appeals was held by the Council on June 27, 1936. The appeal brought before this body the record of the proceedings before the Board of Directors of the Milwaukee Society, such record consisting of a stenotype transcript of the proceedings and testimony there taken, together with original exhibits. A true copy of the transcript was furnished each member of the Council. Appellants were represented by counsel, Gerald P. Hayes, Esq., of Milwaukee, who presented their cause by printed brief and oral argument.

Appellants' contentions on appeal were based upon the record with one exception—that being to the effect that this body was disqualified as an appellate body by reason of the fact that the State Society retained counsel to render assistance to the Board of Directors of the Milwaukee Society. There is incorporated in this decision, by reference, the

statement made by Mr. Crownhart, on June 27, 1936, in regard to this matter and in explanation of why counsel was retained. It is sufficient answer to appellants' contention to state that employment of counsel is in the routine duty of the Secretary, a duty concerning which the Council neither participates nor has knowledge. The Council, and each individual member, had in no manner participated in the proceedings before the Board of Directors. For such reasons, this body must deny the validity of appellants' contention in this respect.

It is the judgment of this body that the record of proceedings and exhibits discloses facts sufficient to sustain the decision of the Board and Directors of the Medical Society of Milwaukee County in this matter. The record further discloses strict compliance with the procedure required.

This Council therefore affirms the order expelling appellants from membership.

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Gov. Ex. 648

1762

Memorandum

DR. CUTTER:

The men who were declared unethical by the Milwaukee County Medical Society for their connection with the Milwaukee Medical Center, have now appealed to the Judicial Council. The appeal is to be heard at the Atlantic City meeting in June.

Dr. Andersen is now in Milwaukee and will call you by phone on Tuesday or Wednesday to report anything that he may learn from officials of the Milwaukee County Medical Society and to ascertain whether you advise his making any contact with the hospital while he is in Milwaukee.

H. F. S. J.

MM.

3-8-37.



Gov. Ex. 649

1763

November 24, 1937.

Dr. Louis M. Warfield, 425 E. Wisconsin Avenue, Milwaukee, Wisconsin.

DEAR DOCTOR WARFIELD:

Most of the approved internship hospitals in Milwaukee have expressed their intention to limit privileges to physicians who are in good standing with the Milwaukee County Medical Society. In one instance a decision awaits final disposition by the Judicial Council of the American Medical Association.

Assuming therefore that such a regulation is incorporated in the staff by-laws of this fraction of the hospitals, non-members of the County Society would naturally be expected to hospitalize their patients in those institutions in Milwaukee otherwise accredited but not engaged in intern instruction along approved lines.

Very truly yours,"

WDC:MH.  
CMP.

Gov. Ex. 650

1775

Copy of Letter Sent to Doctors Who do Not Belong to the  
Local County Medical Society

May 17, 1937.

DEAR DOCTOR:

I have recently received from the Committee on Medical Education and Hospitals, new regulations governing the requirements of staff membership of all recognized Hospitals.

The foremost requirement in this respect is membership in the local County Medical Society. This requirement is mandatory of all staff members—if the hospital is to maintain its rating and be eligible for intern training.

The by-laws of Misericordia Hospital (Milwaukee) require reappointment of staff members at the beginning of

the fiscal year, which is Sept. 6, 1937. It is my imperative duty to inform you that I will make the new appointments in strict conformity with the A. M. A. regulations, and I earnestly request you to conform to the requirements as stated above.

Will you kindly reply to this request, stating your intentions, at your earliest convenience?

Very truly yours, — — —; Sister St. Emile, S. M.,  
Superintendent of Hospital.

Gov. Ex. 651.

1764

Louis M. Warfield, M. D.,  
425 E. Wisconsin Ave.,  
Milwaukee, Wis.

1937 NOV 22 AM 10 50. Council on Medical Education,  
Nov. 22, 1937, and Hospitals

November 20, 1937.

American Medical Association, 535 N. Dearborn, Chicago,  
Illinois.

#### Committee on Hospital Standardization

GENTLEMEN:

In view of certain questions which have arisen recently in the Milwaukee County Medical Society, I am writing to know what the Committee's action would be in the following case.

Suppose I felt that I should like to resign for various reasons from the Milwaukee County Medical Society would that automatically sever my connections with certain hospital staff appointments which I have, or if I did not voluntarily sever my connection would the hospitals be compelled to deny to me the use of the hospitals because I was no longer a member of the County Society?

I should appreciate an opinion from you.

Very truly yours, Louis M. Warfield, M. D.

Gov. Ex. 652

1758

Feb., 1937

October 22, 1936.

MR. SANGER:

My reaction on the Milwaukee situation is as follows:

Would it not be best as a first step to determine whether any of the expelled members of the Milwaukee County Medical Society are at present connected in any capacity with approved internship hospitals, without incorporating any definite threat?

It has been my contention that if any action is taken against these hospitals it be not on the basis of membership in the county society but on the basis of unethical practitioners, a violation of the "Essentials in a Registered Hospital."

My reason is that if we invoke the resolution of the House of Delegates, and if we treated all Milwaukee hospitals alike, there would only be one approved internship hospital left in the city, namely, The Passavant.

C. M. P.

MH.

Gov. Ex. 653

1802

October 8, 1936.

Sister Mary Paschal, R. N., Supt.  
St. Joseph's Hospital  
Milwaukee, Wisconsin

MY DEAR SISTER:

The enclosure is a copy of Dr. F. H. Arestad's report on the present organization of your teaching program for interns. Kindly submit this statement to your intern committee and other staff members interested in and responsible for the training which your house officers receive.

The satisfactory character of statements made about the internship program indicates that full approval continues

to be merited. We are somewhat more dubious about continuing the approval for a residency in medicine since, in our opinion, the present occupant is not entirely on an educational basis in view of his special administrative duties and the length of time he has served.

If it seems desirable to supplement this report in any way, please communicate with us. The next meeting of the Council for discussion of approved hospitals takes place in February.

May we also call your attention to a recent resolution passed by the House of Delegates of the American Medical Association:

**RESOLVED**, That it is the opinion of the House of Delegates of the American Medical Association that physicians on the staffs of hospitals approved for intern training by the Council on Medical Education and Hospitals should be limited to members in good standing of their local county medical societies and that the House of Delegates requests the Council on Medical Education and Hospitals to take this under advisement.

What possibility, if any, exists for observance of the principle laid down in this resolution?

Very truly yours,

WDC:MH  
CMP

Gov. Ex. 654

1773

December 11, 1936.

Sister St. Emile, Supt.  
Misericordia Hospital  
Milwaukee, Wisconsin

MY DEAR SISTER:

We acknowledge with thanks your letter of December 5. It is naturally very pleasing for us to learn that you have found the Council's basis for registration of hospitals a desirable system under which to operate.

We shall call this fact to the attention of the Council next February, also that you still propose to train interns and that you wish to be continued as approved for this type of training in the Council's publications.

Cordially yours,

WDC:DE  
CMP

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Gov. Ex. 655

1767

October 27, 1936.

Rev. Paul Wendt, Supt.  
Evangelical Deaconess Hospital  
Milwaukee, Wisconsin

DEAR REVEREND WENDT:

We have recently been notified that certain physicians have been expelled from the Milwaukee County Medical Society for unethical practices and that the action of this constituency has been upheld by the Council of the Wisconsin State Medical Society.

How does this action affect Evangelical Deaconess Hospital? Are all members on your staff in good standing with the Milwaukee County Medical Society or eligible for membership in that society?

Very truly yours,

WDC:MH  
CMP

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Gov. Ex. 656

1801A

October 26, 1936.

Miss Lillie A. Jacobson, Supt.  
St. Luke's Hospital  
Milwaukee, Wisconsin

MY DEAR MISS JACOBSON:

This is in continuation of our previous correspondence about qualifications for staff membership in St. Luke's



Hospital. We have been informed that the Council of the Wisconsin State Medical Society has upheld the action of the Milwaukee County Medical Society in expelling certain physicians for unethical behavior.

How does this action affect St. Luke's Hospital? Are all members on your staff in good standing with the Milwaukee County Medical Society or eligible for membership in that society?

Very truly yours,

WDC:MH  
CMP

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Gov. Ex. 47

The Medical Society of the District of Columbia

Successor (1911) to the Medical Society of the District of Columbia, Founded September 26, 1817, and the Medical Association of the District of Columbia, Founded January 11, 1833

1718 M Street, N. W., Washington

Committee: Compensation, Contract and Industrial Medicine.

December 10, 1937.

The Executive Committee, The Medical Society of the District of Columbia, Washington, D. C.

GENTLEMEN:

On November 22, 1937, our Committee addressed a communication to you advising you of our investigation concerning Dr. Allan E. Lee and Dr. M. Scandifio and recommended that they be expelled as members of the Society because of their violation of Section 1, Article III, Chapter 9 and Section 5, Article IV, Section 9 of the Constitution of the Medical Society of the District of Columbia.

Our Committee is today in receipt of a letter from Dr. Allan E. Lee, advising us that he has resigned from the staff of Group Health Association. Inasmuch as our recommendation respecting Dr. Lee was based upon the fact that he had entered into a contract with Group Health Association

and that contract has now been terminated by him, we feel that no further action should be taken with respect to Dr. Lee.

We, therefore, respectfully request that the charges and recommendations against Dr. Lee, embodied in our communication of November 22, 1937, be withdrawn and that appropriate action be taken by your committee thereon.

Respectfully submitted, R. Arthur Hooe, M. D., Chairman.  
C. C. & I. M. Committee.

H-e.

---

Gov. Ex. 62

Copy.

Compensation, Contract and Industrial Medicine Committee.

November 2, 1937.

Dr. Mario Scandiffio, 1954 Columbia Road, N. W., Washington, D. C.

DEAR DOCTOR SCANDIFFIO:

You are hereby directed to appear before the Compensation, Contract and Industrial Medicine Committee, which will be in session on Thursday evening, November 4, 1937, at 8 P. M., in the Medical Society Building, 1718 M Street, N. W.

Very truly yours, R. Arthur Hooe, M. D., Chairman

H-e.

---

Gov. Ex. 63

Copy

1824 Massachusetts Avenue, N. W.

November 18, 1937.

Dr. Mario Scandiffio, 1954 Columbia Road, N. W., Washington, D. C.

DEAR DOCTOR SCANDIFFIO:

I acknowledge your letter of November 11th, in which you state you desire to withdraw your resignation, tendered

by you on October 29, 1937, as a member of the District of Columbia Medical Society.

Inasmuch as your resignation has not been acted upon by the Society, I am returning it to you. In doing so I wish you to understand that my action in returning the resignation to you, unacted upon, is in nowise to be considered as passing upon the motives which actuated you in tendering your resignation, as stated by you, or its withdrawal or your continuance as a member of the Society.

Very truly yours, Thomas E. Neill, M. D., President.

N-e.

Encl.

Gov. Ex. 64

M. Scandiffio, M. D.

1954 Columbia Road  
Potomac 0133

3725 Jenifer Street N.W.  
Cleveland 6272

November 11, 1937.

Dr. Thomas E. Neill, President District of Columbia Medical Society, Washington, D. C.

DEAR DR. NEILL:

On October 31, 1937, I tendered my resignation as a member of the District of Columbia Medical Society. I did so with considerable reluctance and only because of my desire to maintain my professional dignity; since I had received, from unofficial sources, information which led me to believe that unfavorable action would be taken against me by the Society because of my affiliation with the Group Health Association, Inc.

My acceptance of the opportunity to identify myself with this organization was made only after the most careful consideration on my part.

I have been reliably informed that no action has been taken on my resignation. Relying upon the broadminded and well considered judgment of the officers and members of the District Medical Society, I now wish to withdraw my resignation and trust that my membership in the Society will be continued.

With very sincere regards, I am

Yours very truly, M. Scandiffio, M. D.

MS:a.

Gov. Ex. 67

M. Scandiffio, M. D.

1954 Columbia Road  
Potomac 01333725 Jenifer Street N.W.  
Cleveland 6872

November 19, 1937.

Dr. B. Arthur Hooe, Chairman, C. C. & I. M. Committee,  
The Medical Society of the District of Columbia, Wash-  
ington, D. C.

DEAR DOCTOR HOOE:

In response to your letter of the 10th instant, wherein I have been charged by your Committee with having violated the provisions of Sections 1 & 2 of Article III of Chapter IX and Section 5 of Article IV of Chapter IX of the Constitution of the Society, you are advised as follows:

1. Your letter or notice of November 4, 1937, was disregarded because of the fact that, prior to that date, I had sent to the Society my resignation from membership; consequently I considered further response unnecessary.

2. Since that time, however, I have withdrawn my said resignation, and, considering myself in good standing in the Society, I have intended and do intend to comply fully with the rules of the body. No formal contract has been entered into with the Group Health Association, but when the terms of the contract are finally agreed upon and reduced to writing, I fully intend to submit same for approval under the rules of the Medical Society.

While it is not my thought that I have, either in letter or spirit, violated any of the rules of the Society, and believing that charges thereof are premature, I hereby request a full and complete hearing, in accordance with your letter of November 10th, on the charges made, to the end that I may have ample opportunity, in person and by counsel, to defend against all charges so made. It is my request that said hearing be fixed at a date not earlier than fifteen (15) days hence in order that ample opportunity may be had for a full and complete presentation of the matter.

Respectfully, M. Scandiffio, M. D.

Gov. Ex. 68

The Medical Society of the District of Columbia

Successor (1911) to the Medical Society of the District of Columbia, Founded September 26, 1817, and the Medical Association of the District of Columbia, Founded January 11, 1833

1718 M Street, N. W., Washington

Committee: Compensation, Contract and Industrial Medicine.

November 22, 1937.

Dr. Mario Scandiffo, 1954 Columbia Road, N. W., Washington, D. C.

DEAR DOCTOR SCANDIFFIO:

In acknowledgment of your letter of November 19, 1937, may I say that a report, in the entire matter, is being forwarded to the Executive Committee. Further reply to your communication will doubtless follow within a few days from the chairman of that body.

Very truly yours, R. Arthur Hooe, M. D., Chairman,  
C. C. & I. M. Committee.

H-e.

Gov. Ex. 69

The Medical Society of the District of Columbia

Successor (1911) to the Medical Society of the District of Columbia, Founded September 26, 1817, and the Medical Association of the District of Columbia, Founded January 11, 1833

1718 M Street, N. W., Washington

Committee: Executive.

November 24, 1937.

Dr. Mario Scandiffo, 1954 Columbia Road, N. W., Washington, D. C.

DEAR DOCTOR SCANDIFFIO:

In reply to your letter of November 19, 1937, requesting a time for hearing "not earlier than 15 days after the above



date," I am informing you that December 6, 1937, at 8 P. M., is the date and hour fixed when we will expect you to appear before the Executive Committee of the Medical Society of the District of Columbia for hearing, at the Medical Society Building, 1718 M Street, N. W. You, of course, know that you are entitled to be represented by counsel.

Very truly yours, William Mercer Sprigg, M. D.,  
Chairman.

S-e.

Gov. Ex. 70

December 3, 1937.

R. Arthur Hooe, M. D., Chairman, C. C. & I. M. Committee,  
The Medical Society of the District of Columbia, Wash-  
ington, D. C.

DEAR DR. HOOE:

Enclosed herewith is a copy of a written agreement to be executed hereafter by and between myself and Group Health Association, Incorporated, of Washington, D. C. The original contract has not been executed by the parties thereto.

I am forwarding a copy of said proposed contract in accordance with the constitution and by-laws of the Medical Society of the District of Columbia, to you as Chairman of the Committee on Compensation, Contract and Industrial Medicine for the consideration and approval of said proposed contract by said Committee. Please submit the proposed contract to said Committee and notify me when the approval of said Committee thereto is had and obtained.

I am informed by the Group Health Association that it will be only too glad to submit to your Committee any information which your Committee might feel necessary in consideration of said contract, explaining the purpose, objects and accomplishments of said Association.

Very truly yours, M. Scandiffo, M. D.

MS.ER.

Gov. Ex. 180

(Read R. page 892.)

The Medical Society of the District of Columbia

Successor (1911) to the Medical Society of the District of Columbia, Founded September 26, 1817, and the Medical Association of the District of Columbia, Founded January 11, 1833

1718 M Street, Washington

Office of Secretary-Treasurer.

July 17, 1937.

Dr. William C. Woodward, Director, Bureau of Legal Medicine & Legislation, American Medical Association, Chicago, Illinois.

DEAR DR. WOODWARD:

In connection with the recent meeting that was held on the evening of July 14, 1937, with the Subcommittee of the Executive Committee, I would ask, if at all possible, that you send a photostatic copy of the Articles of Incorporation of the Group Health Association, Inc., and such other material as was presented that evening which is pertinent and should be in our files. Thanking you, I am

Very truly yours, C. B. Conklin, M. D., Secretary.

C-e.

Sent material to Dr. McGovern 7/19.

Gov. Ex. 295A

Copy

[Stamp:] American Medical Association. File C-6:2-851.  
Cross Ref. —.

Dr. Leland

1870 Wyoming Avenue, Washington, D. C.

March 27, 1937.

MY DEAR CUTTER:

The facts below just came to my knowledge and I am going to drop them on your desk. It may be old stuff to you people around headquarters.

The early part of the week a couple of men from the Home Owners' Loan Corporation (H.O.L.C.) visited the Surgeon General of the Army to say that they wanted to obtain the services of a doctor to look out for the health of their personnel, which incidently is quite large. After the consultation, the Surgeon General asked Colonel Glenn Jones, a retired medical officer, to visit these people. After this visit which lasted for a period of two or three hours, Jones telephoned to the Surgeon General to the effect that this was nothing but an entering wedge to the establishment of state medicine and so far as he could make out the Twentieth Century Finance Corporation of New York City was going to pay the expenses of this so-called medical care for the personnel of the H.O.L.C. Needless to say, Jones and the Surgeon General are dropping it like a hot cake.

Just treat this information as though it blew in your window as I don't want to be the person to embarrass the Surgeon General if there should be any embarrassment. Some of the prominent doctors in Washington are going to be wised-up.

With best wishes,

Faithfully yours, (Signed) M. W. Ireland.

Gov. Ex. 298

Providence.

### Questionnaire

1. What communication or inquiry has your hospital had from Group Health Association, Inc.?

Request to accept members of their group as patients, and surgical privileges for Dr. Raymond E. Selders.

2. What reply has your hospital made to Group Health Association, Inc.?

Patients acceptable under rules of Hospital, Application of Dr. Selders submitted to Surgical Board for action.

3. Which, if any of the following Doctors are now members of your medical staff in any capacity of have privileges to practice in your hospital? None.

Dr. Henry Rolf Brown

Dr. Allan E. Lee

Dr. Mario Scandiffo

Dr. R. Stephen Hulburt  
 Dr. Raymond E. Selders  
 Dr. Edmond D. Wells

4. Is your hospital in sympathy with the policies of The Medical Soc. of D. C.?

Yes.

5. Is the entire medical staff of your hospital reappointed annually?

Yes.

6. Are appointments to the medical staff of your hospital approved by The Medical Staff?

Yes.

7. What governing body of your hospital finally makes appointments to the Medical Staff?

The Executive Staff.

8. Does your hospital require membership in the Medical Soc. of D. C. as a qualification for appointments of it's Medical Staff?

Yes.

9. What percentage of the entire Medical Staff of your hospital are members of the Medical Society of D. C.?

All are members or applications pending before Society, except one.

10. Does your hospital require membership in the A.M.A. as a qualification for appointment to it's Medical Staff?

Yes.

11. What percentage of the entire Medical Staff of your hospital are members of the A.M.A.?

Including application before Medical Society, 100%.

12. Is your hospital a beneficiary of Community Chest Funds?

Yes.

13. Will you kindly make any other inquiry that you think might be pertinent at this time?

End

Gov. Ex. 441A

Dr. J. Russell Verbrycke, Jr.

Washington

The Farragut Medical Bldg.

May 29, 1937.

Air Mail Spec. Del.

Dr. Wm. C. Woodward, % American Medical Association,  
535 North Dearborn St., Chicago, Ill.

DEAR DR. WOODWARD:

I am writing this semi-officially, as chairman of the Economic Committee of the District of Columbia Medical Society to you, as chairman of the Legislative Council of the A. M. A. We are faced with a new problem which would seem to be more far-reaching than a purely local difficulty. Our immediate concern is local but two factors make it national a concern.

The Home Owners Loan Corporation has organized a Cooperative undertaking called Group Health Association, Inc. They propose to have their own set-up for medical care of themselves and families with full time personnel. A Doctor Brown, formerly of the Veterans Bureau, has been appointed medical director with a reputed salary of \$8,000.00. He is at present trying to organize a staff.

The Home Owners Loan Corporation has about 2,000 employees here and a number of regional offices through the country. This is not a great deal in itself but we are informed that this undertaking is financed by a government loan, that the President has given his approbation and is so interested in it that if successful he plans to recommend similar organizations through all the Departments.

You, knowing conditions in Washington, will realize that if this movement should spread to the ultimate, the private practice of medicine would be practically destroyed and it is conceivable that the experiment started here would spread through the entire country as it is entirely in line with what the President is said to want.

We feel that two of the factors mentioned above bring this problem directly to the door of the A. M. A. I am asking if you can come here to confer with us and advise us as to best methods of approach. Coming as close to the meet-



ing at Atlantic City it seems as if the present were a very opportune time.

With kindest regards, I am

Sincerely yours, J. Russell Verbrycke, Jr.

JRV/m.

Gov. Ex. 442-A

The Medical Society of the District of Columbia

Successor (1911) to the Medical Society of the District of Columbia, Founded September, 26, 1817, and the Medical Association of the District of Columbia, Founded January 11, 1833.

1718 M Street, Washington

Office of Secretary-Treasurer

December 2, 1937.

Chief of Staff, Episcopal Eye, Ear & Throat Hospital, 1147 Fifteenth Street, Northwest, Washington, D. C.

DEAR DOCTOR:

Pursuant to formal action of the Medical Society of the District of Columbia, in session on the evening of December 1, 1937, the attached resolution is sent you.

Very truly yours, C. B. Conklin, M. D., Secretary.

CBC/dw

Encl.

The Medical Society of the District of Columbia

1718 M Street, Washington

Resolution adopted by the Society, in session on the evening of December 1, 1937:

Resolved, That as a matter of educational policy the Medical Society of the District of Columbia strongly recommends that all hospitals engaged in the teaching and training of residents, interns, and nurses, where possible, follow the recommendation of the American Medical Association regarding the constitution of their entire Medical Staffs, namely, that each appointee be a member of the Medical Society of the District of Columbia or a local medical society in this immediate neighborhood and a member of the American Medical Association.

## Gov. Ex. 451-A

## National Homeopathic Hospital

Washington, D. C.

## Executive Staff

Dr. W. P. Baker  
 Dr. J. H. Branson  
 Dr. Tomas Cajigas  
 Dr. J. B. G. Custis  
 Dr. J. F. Davidson  
 D. J. F. Elward

Dr. Bernard Notes  
 Dr. E. F. Sappington  
 Dr. J. P. Shearer  
 Dr. W. C. Stirling  
 Dr. C. F. Warner

## Honorary Staff

Dr. Mary Brosius  
 Dr. I. W. Dennison  
 Dr. Mary Holmes

Dr. A. L. Staveley  
 Dr. L. B. Swormstedt

## Consulting Staff

Dr. G. C. Birdsall  
 Dr. W. S. Bowen  
 Dr. J. F. Belair  
 Dr. E. A. Cafritz  
 Dr. J. A. Cahill, Jr.  
 Dr. W. E. Clark  
 Dr. E. P. Copeland  
 Dr. F. B. Costenbader  
 Dr. A. B. Coulter  
 Dr. David Davis  
 Dr. E. M. Ellerson  
 Dr. J. W. Essler  
 Dr. R. J. Fields  
 Dr. C. L. Hall  
 Dr. Preston Haynes  
 Dr. O. B. Hunter  
 Dr. J. B. Jacobs  
 Dr. H. F. Kane  
 Dr. J. Kotz

Dr. H. W. Lawson  
 Dr. G. W. Leadbetter  
 Dr. T. S. Lee  
 Dr. J. A. Lyons  
 Dr. J. H. Lyons  
 Dr. P. A. McLendon  
 Dr. J. E. Mitchell  
 Dr. W. A. Morgan  
 Dr. W. G. Morgan  
 Dr. H. P. Parker  
 Dr. J. W. Peabody  
 Dr. P. O. Pelland  
 Dr. Sterling Ruffin  
 Dr. F. C. Schreiber  
 Dr. R. L. Sexton  
 Dr. J. J. Shugrue  
 Dr. Prentiss Wilson  
 Dr. W. M. Yater

## National Homeopathic Hospital

Washington, D. C.

## Courtesy Staff

Dr. S. A. Alexander	Dr. E. S. Coale
Dr. Victor Alfaro	Dr. E. G. Coiner
Dr. C. W. Allen	Dr. J. L. Collins
Dr. I. M. Alpher	Dr. T. F. Collins
Dr. W. K. Angevine	Dr. R. W. Conklin
Dr. Guy Arnold	Dr. Jack Conner
Dr. E. A. Aschenbach	Dr. P. S. Constantinople
Dr. W. H. Atkinson	Dr. C. C. Corley
Dr. Walter Atkinson	Dr. P. A. Cornet
Dr. W. D. Aud	Dr. F. A. Courtney
Dr. S. F. Avery	Dr. S. C. Cousins
Dr. J. M. Baber	Dr. O. C. Cox
Dr. L. B. Bachrach	Dr. H. J. Crawford
Dr. R. B. Bacon	Dr. C. R. Creveling
Dr. W. C. Barr, Jr.	Dr. E. S. Crisp
Dr. S. L. Battles	Dr. J. K. Cromer
Dr. N. Belt	Dr. A. S. Cross
Dr. S. Benjamin	Dr. W. C. Cusack
Dr. R. A. Bier	Dr. B. F. Dean
Dr. C. L. Bliss	Dr. C. J. Demas
Dr. J. B. Bogan	Dr. J. L. DeMayo
Dr. R. M. Bolton	Dr. J. A. DeMino
Dr. D. L. Borden	Dr. J. Dessoff
Dr. R. J. Bosworth	Dr. Geo. Dewey
Dr. C. J. Bowne	Dr. P. Diatz
Dr. J. I. Boyd	Dr. S. Diener
Dr. F. W. Braden	Dr. J. V. Dolan
Dr. J. C. Brady	Dr. F. Y. Donn
Dr. E. G. Breeding	Dr. F. E. Duehring
Dr. J. F. Brennan	Dr. Depue Duffey
Dr. I. Brotman	Dr. J. R. Dull
Dr. P. P. Brue	Dr. R. E. Dunkley
Dr. W. B. Burch	Dr. A. B. Dunne
Dr. A. D. Butz	Dr. H. Einstein
Dr. R. J. Carbo	Dr. Geo. Ellis
Dr. M. Chase	Dr. E. M. A. Enlows
Dr. W. W. Chase	Dr. G. I. Eppard
Dr. Elizabeth Chickering	Dr. A. B. Evans
Dr. C. N. Chipman	Dr. J. M. Fadely

## Courtesy Staff

Dr. I. Feldman  
Dr. C. E. Ferguson  
Dr. E. Forcione  
Dr. L. B. Gaffney  
Dr. J. M. Gaines  
Dr. J. A. Cannon  
Dr. F. E. Gantz  
Dr. H. S. Gates  
Dr. J. H. Gillen  
Dr. L. S. Gordon  
Dr. E. W. Graeff  
Dr. E. J. Grass  
Dr. A. C. Gray  
Dr. S. M. Grayson  
Dr. W. F. Greaney  
Dr. J. M. Greene  
Dr. E. D. Griffin  
Dr. W. A. Griffith  
Dr. E. J. Gunning  
Dr. B. J. Gurwin  
Dr. I. Hantman  
Dr. C. W. Harnsberger  
Dr. J. F. Harrington  
Dr. J. F. Harris  
Dr. A. F. Heath  
Dr. R. E. Henderson  
Dr. E. S. Hendry  
Dr. M. J. Herschman  
Dr. V. M. Hess  
Dr. R. E. Higgins  
Dr. C. H. Hixon  
Dr. B. D. Hodgkins  
Dr. Edmund Horgan  
Dr. F. A. Hornaday  
Dr. H. A. Hornthal  
Dr. F. S. Horvath  
Dr. R. R. Hottell  
Dr. J. M. Howe  
Dr. W. W. Hollister  
Dr. C. W. Hyde  
Dr. LeRoy Hyde  
Dr. Ruth Jackson

Dr. R. J. Janson  
Dr. B. R. Jarman  
Dr. W. D. Jarman  
Dr. Don Johnson  
Dr. S. Katzman  
Dr. H. W. Kearny  
Dr. J. T. Kelly  
Dr. Adam Kemble  
Dr. A. E. King  
Dr. H. C. King  
Dr. E. Krause  
Dr. W. E. Krechting  
Dr. J. Kreiselman  
Dr. J. J. Krick  
Dr. B. J. Lafsky  
Dr. W. J. Lally  
Dr. O. Lavine  
Dr. R. M. LeComte  
Dr. A. E. Lee  
Dr. L. P. Levitt  
Dr. W. E. Long  
Dr. H. C. Mcatee  
Dr. E. B. Macon  
Dr. S. T. Maloney  
Dr. N. A. Mandelos  
Dr. G. H. Mankin  
Dr. J. T. Mann  
Dr. E. H. Markwood  
Dr. A. E. Marland  
Dr. F. X. McGovern  
Dr. C. E. McNamara  
Dr. G. H. McLain  
Dr. J. H. McLeod  
Dr. Arnold McNitt  
Dr. H. J. R. McNitt  
Dr. R. J. McNulty  
Dr. S. V. Meade  
Dr. W. G. Meimam  
Dr. W. C. Meley  
Dr. W. A. Mess  
Dr. Terrell Moody  
Dr. R. E. Moran

Courtesy Staff

Dr. H. T. Morse	Dr. J. A. Steinberg
Dr. W. R. Moulden	Dr. L. E. Stevenson
Dr. C. J. Murphy	Dr. H. F. Strine
Dr. R. W. Murry	Dr. H. H. Strine, Jr.
Dr. B. O. Myers	Dr. X. C. Suraci
Dr. M. Nicholson	Dr. N. G. Schuman
Dr. Roy Nicholson	Dr. J. A. Swartwout
Dr. E. W. Nicklas	Dr. R. S. Taggart
Dr. Roger O'Donnell	Dr. J. A. Talbot
Dr. J. M. Orem	Dr. L. H. Taylor
Dr. W. J. B. Orr	Dr. W. D. Terrell
Dr. F. B. Pedrick	Dr. R. B. Thibadeau
Dr. W. R. Perkins	Dr. E. W. Titus
Dr. E. M. Pickford	Dr. G. B. Tribble
Dr. S. P. Porton	Dr. J. H. Trinder
Dr. W. A. Price	Dr. M. E. Twogood
Dr. G. G. Purse	Dr. M. Van Kinsberger
Dr. P. S. Putzki	Dr. J. O. Warfield
Dr. J. C. Pyles	Dr. J. W. Warner
Dr. E. E. Quayle	Dr. O. N. Warner
Dr. T. H. Quill	Dr. D. B. Washington
Dr. G. H. Rawson	Dr. J. C. Waters
Dr. B. R. Read	Dr. J. W. Watts
Dr. C. P. Reaves	Dr. C. A. Weaver
Dr. D. C. Richtmyer	Dr. H. S. Weitzman
Dr. A. L. Riddick	Dr. A. M. Wheeler
Dr. E. E. Roberts	Dr. J. J. Whisman
Dr. J. A. Rolls	Dr. C. S. White
Dr. T. J. Rossiter	Dr. D. White
Dr. A. J. Rule	Dr. Stephen Vergis
Dr. W. W. Sager	Dr. Harold A. Wood
Dr. H. H. Schoenfeld	Dr. J. R. Young
Dr. F. B. Schultz	Dr. W. G. Young
Dr. S. Schwatzbach	Dr. Milton Greenberg
Dr. J. U. Schwarzman	Dr. Ellis April
Dr. W. A. Shannon	Dr. Katherine Chapman
Dr. E. R. Shephard	Dr. Sollie Katzman
Dr. M. Silverman	Dr. Howard Katzman
Dr. H. L. Smith	Dr. William Dyke
Dr. W. C. Sparks	Dr. Leo Solet
Dr. A. J. Speer	Dr. J. D. Wynkoop
Dr. F. G. Speidel	



## Courtesy Staff

Name	Year	Society
Dr. John M. Andrews	1938	D. of C.
Dr. Walter K. Angevine	1937	None
Dr. Ellis April	1938	None
Dr. William Dudley Aud	1937	None
Dr. Wm. Carlisle Barr, Jr.	1937	A. M. A.
Dr. Stanley H. Berenstein	1938	D. of C.
Dr. John F. Brennan	1937	D. of C.
Dr. Peter Paul Brue	1937	A. M. A.
Dr. John Leland Cardwell	1938	D. of C.
Dr. Jacob Ceppos	1938	None
Dr. Katherine A. Chapman	1937	D. C. & A. M. A.
Dr. Morris Chase	1937	D. C. & A. M. A.
Dr. David Stanford Clay- man	1937	None
Dr. John Leonard Conley	1938	App. to D. C.
Dr. Harry J. Crawford	1938	None
Dr. J. Roscoe Creer	1938	App. to D. C.
Dr. Allen S. Cross	1937	D. C. & A. M. A.
Dr. Cyrus W. Culver	1938	D. C. & A. M. A.
Dr. Reginald A. Cutting	1938	None
Dr. Philip A. Degnan	1938	None
Dr. Philip Diatz	1937	D. of C.
Dr. William Dyke	1937	None
Dr. Edward J. Edelen	1938	None
Dr. Arthur O. Etienne	1938	None
Dr. Irvin Feldman	1937	None
Dr. Max Ellis Feldman	1938	D. of C.
Dr. Chas. E. Fierst	1938	None
Dr. Elmer W. Fugitt	1938	D. of C.
Dr. Oscar Hugh Fulcher	1938	D. C. & A. M. A.
Dr. George Roland Gable	1937	D. C. & A. M. A.
Dr. Benjamin Golden	1938	D. of C.
Dr. Reuben Goodman	1938	D. of C.
Dr. Milton M. Greenberg	1937	None
Dr. Charles W. Harnes- berger	1938	D. C. & A. M. A.
Dr. Lester W. Harris	1937	None
Dr. Robert B. Havell	1938	D. of C.
Dr. Herman Hertzberg	1938	D. C. & A. M. A.
Dr. William Hollister	1937	None

## Courtesy Staff

Name	Year	Society
Dr. Herman P. Hyder	1938	None
Dr. William Dabney Jarman	1937	App. to D. C.
Dr. Catherine W. Johnson	1938	D. of C.
Dr. Kenneth Francis Laughlin	1938	D. of C.
Dr. Alexander C. Leonardo	1937	None
Dr. James Wilbert Love	1937	D. C. & A. M. A.
Dr. John Joseph Lynch	1938	D. of C.
Dr. Lawrence W. Malin	1938	None
Dr. Wendell E. Malin	1938	A. M. A.
Dr. John T. Maloney	1937	None
Dr. Albert Edward Marland	1938	D. of C.
Dr. Francis Nichols McDonald	1938	D. of C.
Dr. C. Edwin McNamara	1937	App. to D. C.
Dr. Verlin Estelle Miles	1938	None
Dr. Frederick A. Moretti	1937	None
Dr. Howard T. Morse	1937	A. M. A.
Dr. Howard Ellsworth Newman	1938	None
Dr. Ernest James Parent	1938	None
Dr. Clarence A. Ransom	1938	D. C. & A. M. A.
Dr. Clyde P. Reeves	1937	D. of C.
Dr. Frank James Shaffer	1937	None
Dr. Leo Solet	1938	None
Dr. Siegfried Speyer	1938	App. to D. C.
Dr. Leland Ernest Stevenson	1937	D. of C.
Dr. Samuel J. Sugar	1937	None
Dr. John Alden Swartwout	1937	App. to D. C.
Dr. Francis D. Threadgill	1938	D. of C.
Dr. Stephen F. Verges	1937	None
Dr. James C. Waters	1937	A. M. A.
Dr. John D. Wynkoop	1937	D. of C.

1882

[fol. 1882] [Stamp:] United States Court of Appeals for  
the District of Columbia. Filed Oct. 17, 1941. Joseph W.  
Stewart, Clerk

IN THE UNITED STATES COURT OF APPEALS FOR THE DISTRICT  
OF COLUMBIA

No. 7929

AMERICAN MEDICAL ASSOCIATION, Defendant-Appellant,

v.

UNITED STATES OF AMERICA, Plaintiff-Appellee

No. 7930

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA, Defendant-  
Appellant,

v.

UNITED STATES OF AMERICA, Plaintiff-Appellee

#### STIPULATION

It is hereby stipulated and agreed by and between counsel  
for the American Medical Association; the Medical Society  
of the District of Columbia, and the United States of Amer-  
ica in the above entitled cases, subject to the approval of the  
United States Court of Appeals for the District of Colum-  
bia, that:

1. Counsel for any party may refer in brief or argument  
to any photostatic copy of any or all exhibits which were  
received in evidence in the trial of said cases.

2. All identifying marks, such as office stamps, file num-  
bers, letterheads, dictation initials, and other notations,  
appearing upon the original exhibits received in evidence  
in the trial of the above entitled cases shall be considered  
as before the court as if specifically included in the narra-  
tive of testimony and shall have the same force and effect  
as if set forth in full therein, except where the trial court  
ruled that such marks and notations would not be received  
in evidence.

[fol. 1883] (S.) Edward M. Burke, Wm. E. Leahy,  
Seth W. Richardson, Chas. S. Baker, Warren E.

Magee, Counsel for the American Medical Association and the Medical Society of the District of Columbia. (S.) John Henry Lewin, by ECT, Grant W. Kelleher, by ECT, Special Assistants to the Attorney General; E. Compton Timberlake, Counsel for the United States of America.

Dated this 14th day of October, 1941.

Approved October 18, 1941. Groner, C. J.

[fol. 1884] [Stamp:] United States Court of Appeals for the District of Columbia. Filed Nov. 7, 1941. Joseph W. Stewart, Clerk

IN THE UNITED STATES COURT OF APPEALS FOR THE DISTRICT  
OF COLUMBIA, APRIL TERM, 1941

Special Calendar

No. 7930

THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA, a  
Corporation, Appellant,

vs.

UNITED STATES OF AMERICA, Appellee

ORDER OF CONSOLIDATION OF THIS CASE WITH THE CASE ENTITLED "AMERICAN MEDICAL ASSOCIATION, APPELLANT, vs. UNITED STATES OF AMERICA, APPELLEE, No. 7929"

Upon motion of The Medical Society of the District of Columbia, a corporation, Appellant, and the consent of the United States of America, Appellee, it is this 7 day of November, 1941;

Ordered that this case be and it is hereby consolidated with the case of *American Medical Association, a Corporation, Appellant, vs. United States of America, Appellee, No. 7929*, and it is

Ordered that forty printed copies of the Record on Appeal (Transcript of Record) in the consolidated case of *American Medical Association, a corporation, Appellant, vs. United States of America, Appellee, No. 7929*, and The

*Medical Society of the District of Columbia, a corporation, Appellant, vs. United States of America, Appellee, No. 7930*, be filed within five days from the date of this order, and it is

Ordered that the appellants in the consolidated case of *American Medical Association, a corporation, Appellants, vs. United States of America, Appellee, No. 7929*, and *The Medical Society of the District of Columbia, a corporation, Appellant, vs. United States of America, Appellee, No. [fol. 1885] 7930*, may file a single joint brief, that the United States of America, Appellee in said consolidated case, may file a single brief, and that the Appellants in said consolidated case may file a single joint reply brief within the periods of time prescribed in the stipulation filed in said cases and approved by this Court on June 3, 1941.

By the Court:

D. Lawrence Gröner, Justice.

The foregoing order is consented to. E. Compton Timberlake, Of counsel for the United States of America, Appellee.

[fol. 1886]

Monday, February 16th, A. D. 1942.

Before the Honorable Justin Miller and Wiley Rutledge, Associate Justices, and the Honorable Oscar R. Luhring, Associate Justice of the District Court of the United States for the District of Columbia designated to sit in these cases

No. 7929

AMERICAN MEDICAL ASSOCIATION, a Corporation, Appellant,

vs.

UNITED STATES OF AMERICA

No. 7930

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA, a Corporation, Appellant,

vs.

UNITED STATES OF AMERICA

On motion of Mr. Seth W. Richardson, attorney for appellant in each case, the Court allowed the proceedings in



the oral argument of these cases to be stenographically reported.

The argument in the above entitled causes was commenced by Mr. Seth W. Richardson, attorney for appellant in each case. Thereupon, the Court sua sponte continued the hearing until Tuesday, February 24, 1942, at 10:30 a. m.

[fol. 1887]

Tuesday, February 24th, A. D. 1942.

Before the Honorable Justin Miller and Wiley Rutledge, Associate Justices, and the Honorable George E. Martin, Chief Justice, retired, designated to sit in these cases:

No. 7929

AMERICAN MEDICAL ASSOCIATION, a Corporation, Appellant,

vs.

UNITED STATES OF AMERICA

No. 7930

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA, a Corporation, Appellant,

vs.

UNITED STATES OF AMERICA

The Court announced that counsel for all parties had agreed that Mr. Justice Martin would consider the stenographic transcript of the oral argument of Seth W. Richardson, Esq., on behalf of appellant in each case on February 16, 1942, in lieu of having it repeated.

The argument was continued by Messrs. John Henry Lewin and Grant W. Kelleher, attorneys for appellee in each case, and concluded by Mr. William E. Leahy, attorney for appellant in each case.

UNITED STATES COURT OF APPEALS FOR THE  
DISTRICT OF COLUMBIA

No. 7929

AMERICAN MEDICAL ASSOCIATION, A CORPORATION, APPELLANT

v.

UNITED STATES OF AMERICA

No. 7930

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA, A CORPORATION,  
APPELLANT

v.

UNITED STATES OF AMERICA

Appeal from the District Court of the United States for the  
District of Columbia

Decided June 15, 1942

*Messrs. Seth W. Richardson and William E. Leahy, with whom Messrs. Edward M. Burke, Charles S. Baker and Warren E. Magee were on the brief, for appellant in each case:*

*Messrs. John Henry Lewin and Grant W. Kelleher, Special Assistants to the Attorney General, with whom Assistant Attorney General Arnold and Messrs. E. Compton Timberlake and Walton S. Allen were on the brief, for appellee in each case:*

*Mr. Edward M. Curran, United States Attorney, also entered an appearance for appellee in each case.*

Before MILLER, RUTLEDGE and MARTIN, Associate Justices.

MILLER, Associate Justice: In *United States v. American Medical Association*,<sup>1</sup> we held that the term "in restraint of trade" as used in Section 3 of the Sherman Act had its genesis in the common law; that the practice of medicine was recognized by the English cases as constituting trade; that a restraint imposed upon the practice of medicine may constitute a restraint of trade; that restraints imposed upon the operation of hospitals and upon Group Health Association, designed to prevent it from making available to and financing medical services on behalf of its members may constitute restraint of trade; that the indictment under which appellants were charged stated a case under Section 3 of the Sherman Act. Accordingly, we held that the indictment was sufficient as against a demurrer; we reversed a judgment of the District Court, which had sustained a demurrer, and remanded the case for trial. Upon the trial which followed and at the

close of the Government's case the court directed verdicts of acquittal for two unincorporated associations and two individual defendants. Thereafter the jury convicted the appellants and acquitted all other defendants. Appeals from the judgment of the District Court, based upon these convictions, were consolidated for hearing in this court.

On this appeal it is suggested that the Supreme Court, in *Apex Hosiery Co. v. Leader*,<sup>2</sup> repudiated the doctrine stated in our earlier decision; hence that we should reconsider and abandon the position which we there took. But we see no reason to adopt the suggestion which, apparently, grew out of appellants' failure to distinguish between *trade* and *restraint of trade*. Appellants' confusion is evidenced by the following statement from their brief: "The *Apex* case held in substance and effect that no activity could be in 'trade' unless it was a commercial activity and exercised and used in such a way as to affect the market either by fixing prices or suppressing competition in the market to the injury of the public." Of course the Court did not so hold, nor has any court ever so held. Most activities which are in trade serve, rather than injure, the public.

In the *Apex* case,<sup>3</sup> no question was involved as to whether the petitioner was engaged in trade or commerce. The opening sentence of the opinion states, as an undisputed fact: "Petitioner, a Pennsylvania corporation, is engaged in the manufacture, at its factory in Philadelphia, of hosiery, a substantial part of which is shipped in interstate commerce." Neither was the Court in doubt as to whether trade or commerce was affected by the actions complained of.<sup>4</sup> The question which was presented for its decision was whether the conduct of the labor union and its members constituted *restraint of trade*, within the meaning of Section 1 of the Sherman Act.<sup>5</sup>

In answering this question the Court, first, restated the familiar common law doctrines relating to contracts and combinations in restraint of trade and the equally familiar history of the taking over, by the Sherman Act, of the common law concept of illegal restraints.<sup>6</sup> It then concluded that (1) the Sherman Act does not condemn all combinations and conspiracies which interrupt interstate transporta-

<sup>2</sup> 310 U. S. 469.

<sup>3</sup> 310 U. S. 469, 480.

<sup>4</sup> *Apex Hosiery Co. v. Leader*, 310 U. S. 469, 484: "Cessation of petitioner's manufacturing operations, which respondents compelled, indubitably meant the cessation of shipment interstate. The effect upon the commerce resulted naturally and inevitably from the cause. The occupancy of petitioner's factory by the strikers prevented the shipment of the substantial amount of merchandise on hand when the strike was called. In point of the immediacy of the effect of the strikers' acts upon the interstate transportation involved and of its volume, the case does not differ from many others in which we have sustained the Congressional exercise of the commerce power."

<sup>5</sup> *Apex Hosiery Co. v. Leader*, 310 U. S. 469, 487, 490: "... the question to which we must address ourselves is whether a conspiracy of strikers in a labor dispute to stop the operation of the employer's factory in order to enforce their demands against the employer is the kind of restraint of trade or commerce at which the Act is aimed \* \* \*. Since in the present case, as we have seen, the natural and predictable consequence of the strike was the restraint of interstate transportation the precise question which we are called upon to decide is whether that restraint resulting from the strike maintained to enforce union demands by compelling a shutdown of petitioner's factory is the kind of 'restraint of trade or commerce' which the Act condemns." [Italics supplied]

<sup>6</sup> *Apex Hosiery Co. v. Leader*, 310 U. S. 469, 497-498.

tion;<sup>7</sup> (2) labor unions are to some extent and in some circumstances subject to the Act;<sup>8</sup> but (3) it does not apply to all labor union activities affecting interstate commerce;<sup>9</sup> (4) the evil at which the Sherman Act was aimed was the control of the market "by suppression of competition in the marketing of goods and services . . .";<sup>10</sup> (5) the end sought was the prevention of "restraints to free competition in business and commercial transactions which tended to restrict production, raise prices or otherwise control the market to the detriment of purchasers or consumers of goods and services . . .";<sup>11</sup> and, finally (6) "Restraints on competition or on the course of trade in the merchandising of articles moving in interstate commerce is not enough, unless the restraint is shown to have or is intended to have an effect upon prices in the market or otherwise to deprive purchasers or consumers of the advantages which they derive from free competition."<sup>12</sup>

The trade or commerce which was involved in the present case was of three kinds: (1) The making available and financing of medical and hospital services; (2) medical service itself, i.e., service rendered by medical doctors; (3) hospital service, i.e., service rendered by hospital staffs and the use of hospital facilities. As we indicated in our earlier opinion the common law recognized the practice of medicine as being trade<sup>13</sup> and there is nothing in the *Apex* case to suggest the contrary. It may be regrettable that Congress chose to take over in the Sherman Act the common law concept of trade, at least to the extent of including therein the practice of medicine. Developments which have taken place during recent decades in the building up of standards of professional education and licensure, together with self-imposed standards of discipline and professional ethics, have, in the belief of many persons, resulted in substantial differences between professional practices and the generally accepted methods of trade and business. As we pointed out in our earlier decision,<sup>14</sup> the American Medical Association and other local medical associations have undoubtedly made a profound contribution to this development. However, our task is not to legislate or declare policy in such matters but, rather, to interpret and apply standards and policies which have been declared by the legislature. That Congress did use the common law test there is no doubt. That Congress was not otherwise advised was perhaps because of the failure of the professional groups to insist upon the distinction and to secure its legislative recognition. In any event, there is no doubt that Group Health Association was engaged in trade or commerce, within the meaning of the applicable section of the statute.<sup>15</sup> It is not necessary, in order to constitute trade or busi-

<sup>7</sup> *Apex Hosiery Co. v. Leader*, 310 U. S. 469, 486, 491.

<sup>8</sup> *Id.* at 489.

<sup>9</sup> *Ibid.*

<sup>10</sup> *Id.* at 493.

<sup>11</sup> *Ibid.* and see n. 15.

<sup>12</sup> *Apex Hosiery Co. v. Leader*, 310 U. S. 469, 500-501.

<sup>13</sup> *United States v. American Medical Association*, 72 App. D. C. 12, 20, 110 F. (2d) 703, 711, *cert. denied*, 310 U. S. 644.

<sup>14</sup> *Id.* at 20-21, 110 F. (2d) at 711-712.

<sup>15</sup> Nonprofit cooperative associations have been held to be "doing business" in a variety of situations. For purposes of taxation: *Maryland & Virginia Milk Producers' Ass'n., Inc. v. District of Columbia*, 73 App. D. C. 399, 119 F. (2d)



ness, that it shall be carried on for profit.<sup>16</sup> Appellants protest that the District Court has said in *Group Health Association v. Moor*:<sup>17</sup> "The actions of the plaintiff [G.H.A.] in no way tend to commercialize the practice of medicine." They argue from this that the activities of Group Health Association were not commercial activities and hence not in trade within the meaning of the Sherman Act. But this argument misses the point. The activities of Group Health Association are commercial, but because the lay executives of Group Health Association do not in any way interfere with the professional work of the medical doctors, their commercial activities do not tend to commercialize the practice of medicine. Medical doctors have long conceded the propriety of medical services furnished by large industrial organizations, to their employees, by doctors also in their employ.<sup>18</sup> There is no greater incongruity in the making available of medical services by a cooperative association or a nonprofit mutual benefit association, in similar manner, nor any more reason for suggesting that such industrial organizations are not engaged in commercial activities. In each case the service is rendered in accordance with the standards

787, cert. denied, 314 U. S. 646; *Hazen v. National Rifle Ass'n.*, 69 App. D. C. 339, 347, 101 F. (2d) 432, 440; *Memphis Chamber of Commerce v. Memphis*, 144 Tenn. 291, 296-297, 232 S. W. 73, 74; *Sears, Roebuck & Co. Employees' Savings & Profit-Sharing Pension Fund v. Commissioner of Internal Revenue*, 7 Cir., 45 F. (2d) 506, 509. For purposes of qualifying to do business under the corporation laws of a foreign state: *Ku Klux Klan v. Commonwealth ex rel. State Corporation Commission*, 138 Va. 500, 509, 122 S. E. 122, 125; *State ex rel. Griffith v. Ku Klux Klan*, 117 Kan. 564, 572-573, 232 P. 254, 258; 17 FLETCHER CYC. CORP. (Perm. Ed.) § 8467. For purposes of compliance with legislation regulating corrupt political practices: *La Belle v. Hennepin County Bar Ass'n.*, 206 Minn. 290, 294, 288 N. W. 788, 790. For purposes of service of process on agents: *Pacific Typesetting Co. v. International Typographical Union*, 125 Wash. 273, 277, 218 P. 358, 360. Cf. *Roman Catholic Archbishop v. Industrial Accident Commission*, 194 Cal. 660, 670-671, 230 P. 1, 5 (religious corporation sole held sufficiently engaged "in trade or business" to warrant application of Workmen's Compensation Law); *Gardner v. Trustees of Main Street M. E. Church*, 217 Iowa 1390, 1395, 250 N. W. 740, 745-746, superseding opinion, in 244 N. W. 667, 669; Note, 18 Iowa L. REV. 557.

<sup>16</sup> *Hazen v. National Rifle Ass'n.*, 69 App. D. C. 339, 345, 101 F. (2d) 432, 438, and authorities there cited.

<sup>17</sup> D. C., 24 F. Supp. 445, 446.

<sup>18</sup> *Virginia Iron, Coal & Coke Co. v. Odle's Adm'r.*, 128 Va. 280, 305, 105 S. E. 107, 115; McCord, *The Economics of Industrial Medicine*, PROCEEDINGS OF THE ANNUAL CONGRESS ON MEDICAL EDUCATION, MEDICAL LICENSURE AND HOSPITALS (1932) 83; Leland, *Contract Practice*, id. at 75, 81: "That there are many conditions under which contract practice is not only legitimate and ethical, but in fact the only way in which competent medical service can be provided, becomes evident on analysis. For instance, when large numbers of workmen are employed remote from urban centers, as in some mining or logging camps, efficient medical service can be secured only by contracting with some competent physician to do the work. Certain industrial situations arise wherein large employers of labor are compelled by law to provide medical services for their employees under certain conditions, and this at times can be secured only by some form of contract."; Laufer, *Ethical and Legal Restrictions on Contract and Corporate Practice of Medicine*, 6 LAW AND CONTEMP. PROB. 516, 524-527; Note, 48 YALE L. J. 346, 349.

Similar questions have arisen in connection with other professions. For a general discussion see Note, 44 HARV. L. REV. 1114. As applied to practice of law see *Merrick v. American Security & Trust Co.*, 71 App. D. C. 72, 77, 107 F. (2d) 271, 276, cert. denied, 308 U. S. 635; 6 FLETCHER CYC. CORP. (Perm. Ed.) § 2524; 5 LAW AND CONTEMP. PROB. No. 1 (pp. 1-174).



of the profession and to that extent uncontrolled by the corporate employer.<sup>19</sup> But, at the same time, the salaries of such professional employees may undoubtedly be paid by the corporation and charged as an ordinary and necessary expense of business.<sup>20</sup> Although there is authority for the proposition that for some purposes charitable hospitals are not engaged in trade, business or industry,<sup>21</sup> we have no doubt that the hospitals described in the indictment were engaged in trade and commerce within the meaning of the common law and of the Sherman Act.<sup>22</sup>

So far as Group Health and the hospitals are concerned, therefore, their activities are properly described as business and commercial in character. There is also no question that commercial and business competition was not only the possible but the probable result of Group Health's activities. Consequently—entirely apart from any direct restraint upon the practice of medicine itself—if a conspiracy was shown, the purpose of which was to restrain competition, raise prices, or otherwise control the market to the detriment of purchasers or consumers of medical or hospital services, by destroying or injuring Group Health Association, it was sufficient to sustain the conviction.

The fact of commercial and business competition is the predominant note in the controversy which preceded the initiation of criminal prosecutions in this case.<sup>23</sup> One of the major purposes of Group Health

<sup>19</sup> *Pearl v. West End St. Ry. Co.*, 176 Mass. 177, 179, 57 N. E. 339.

<sup>20</sup> 53 STAT. (Part I) 12, 26 U. S. C. A. § 23(a)(1); *Corning Glass Works v. Lucas*, 59 App. D. C. 166, 170-171, 37 F. (2d) 798, 800-801, cert. denied, 281 U. S. 742; *Elm City Cotton Mills v. Commissioner of Internal Revenue*, 5 B. T. A. 309, 312; 1 MONTGOMERY, FEDERAL TAX HANDBOOK (1940) 417.

<sup>21</sup> Private hospitals, supported by appropriations and charity, held not an industry, and its employees not engaged in "industry, trade, craft or occupation" within the meaning of Anti-Injunction Act. *Western Pennsylvania Hospital v. Lichtler*, 340 Pa. 382, 387, 17 A. (2d) 206, 209. A charitable home for girls held not a "business, trade or industry" within legitimate operation of power to make city zoning laws. *Rochester v. Rochester Girls' Home*, 194 N. Y. S. 236, 237. A charitable home for the aged not a business within the sense of a restrictive covenant. *Easterbrook v. Hebrew Ladies' Orphan Society*, 85 Conn. 289, 298, 82 A. 561, 564; Note, 41 L. R. A. (N. S.) 615. A municipal ordinance declaring hospitals for profit to be nuisances does not discriminate in favor of charitable hospitals, as the distinction is reasonable. The former are and the latter are not "businesses." *Lawrence v. Nissen*, 173 N. C. 359, 364, 91 S. E. 1036, 1038.

<sup>22</sup> In *Jordan v. Tashiro*, 278 U. S. 123, 127-129, it was held that operation of a hospital was included within the meaning of the words "trade" and "commerce" as used in a treaty authorizing Japanese subjects in the United States "to carry on trade" and to "do anything incident to or necessary for trade upon the same terms as native citizens or subjects . . . ." Cf. *Lawrence v. Nissen*, 173 N. C. 359, 364, 91 S. E. 1036, 1038: "The establishment and conduct of hospitals for pay is now a recognized and established business." In *Armen-dares v. Hotel Dieu, Tex. Civ. App.*, 145 S. W. 1030, 1031, it was held that in so far as a hospital accepted paying patients for the purpose of obtaining revenue to carry on its charitable work, it was carrying on a business.

<sup>23</sup> The identification of "fair competition" with ethical principles is expressed in the Principles of Medical Ethics of the American Medical Association and in the Constitution of the District Medical Society.

Chapter III, Article VI of the Principles of Medical Ethics reads in part as follows:

"Conditions of Medical Practice. Section 2. It is unprofessional for a physician to dispose of his services under conditions that make it impossible to render adequate service to his patient or which interfere with reasonable competition among the physicians of a community."

Association was to provide *low-cost medical service*, on a prepayment basis.<sup>24</sup> Appellants, in fact, recognize the existence of a controversy concerning this question. They requested an instruction in which

"Contract Practice. Section 3. . . . Contract practice per se is not unethical. However, certain features or conditions if present make a contract unethical, among which are: . . . 2. When there is underbidding to secure the contract. 3. When the compensation is inadequate to assure good medical service. 4. When there is interference with reasonable competition in a community."

Chapter IX, Article III, Section 1 of the Constitution reads as follows: "It is unprofessional for a physician to dispose of his services under conditions that make it impossible to render adequate service to his patient or which interfere with reasonable competition among the physicians of a community." [Italics supplied]

These provisions were utilized for purposes of disciplinary action against members of the District Medical Society employed by Group Health. Thus, the expulsion of Dr. Scandiffo, a member of the Group Health staff, from the District Medical Society followed a finding of the Compensation, Contract and Industrial Medicine Committee that he was guilty of violating Sections 1 and 2, Article III, and Section 5, Article IV, all of Chapter IX of the Constitution of the Society. That this disciplinary action against members of the Society was intended to affect Group Health Association is shown by the letter of December 10, 1937, sent by the Chairman of the Compensation, Contract and Industrial Medicine Committee of the Society to its Executive Committee which reads as follows: "On November 22nd, 1937, our committee addressed a communication to you advising you of our investigation concerning Drs. Allan E. Lee and M. Scandiffo, and recommended that they be expelled as members of the Society because of their violation of Section 1, Article III, Chapter 9, and Section 5, Article IV, Chapter 9, of the Constitution of the Medical Society of the District of Columbia. Our committee is today in receipt of a letter from Dr. Allan E. Lee, advising us that he has resigned from the staff of Group Health Association. Inasmuch as our recommendation respecting Dr. Lee was based upon the fact that he had entered into a contract with Group Health Association and that contract has now been terminated by him, we feel that no further action should be taken with respect to Dr. Lee. We therefore, respectfully request that the charges and recommendations against Dr. Lee, embodied in our communication of November 22, 1937, be withdrawn and that appropriate action be taken by your committee thereon."

It is shown, also, by the letter of the same Chairman to Dr. Lee under date of December 21, 1937: "In acknowledgement of your letter of December 10, in which you enclose a copy of your resignation as a member of the medical staff of Group Health Association, Inc., may I say that upon receipt of same the Compensation, Contract and Industrial Medicine Committee appeared before the Executive Committee and requested a withdrawal of its charges against you, which request was granted. Such action places your status as that of a member now in good standing."

The concern of the defendants Association and Society with the effect of Group Health on the economic status of the medical profession, and upon competition in financing and making available medical and hospital services, is abundantly illustrated by articles and statements of officers and members thereof. An article, appearing in the Journal of the American Medical Association for October 2, 1937, reads in part as follows: "Out of a total population of 486,869 in the District of Columbia, 115,912 are civil employees of the United States government, and, of these, 2,517 are employees of the Federal Home Loan Bank Board and its affiliated agencies. If to these persons, all of whom are eligible for membership in Group Health Association, their dependents are added, allowing an average of two dependents for each employee, a total of 347,736 persons is reached, out of a total population of 486,869 that the promoters of Group Health Association, according to their certificate of incorporation, seek to withdraw from the ordinary practice of medicine and to cover into a group health insurance contract practice system and treat through physicians hired for that purpose. The effect of the withdrawal from private practice of even one-half that number of persons, all of whom are able to pay for medical services, will materially disturb medical practice in the District of Columbia and react against public interest. . . . The scheme is so planned that the richer and more liberally paid employees are

they asserted their right to disapprove the attitude of Group Health Association with respect to low-cost medicine plans.<sup>25</sup> That appellants' attack on Group Health Association was designed to restrain

to obtain medical service at rates based on the incomes of the poorest employees. The courts have repeatedly held that the value of medical services rendered to a patient may be properly appraised in relation to his wealth, just as the value of legal services are commonly appraised in relation to the value of the interests that the lawyer is called on to protect, whether interests involving the life of his client or his client's property. Under the present scheme, fees that are charged for medical services to the richer and more liberally paid employees are to be identical with those charged employees of the lowest grade, doing part-time work."

The author of this article, who was one of the individual defendants, was Director of the Bureau of Legal Medicine and Legislation of the American Medical Association from 1922 to 1939, when he retired. He holds degrees both of law and of medicine. He was called as a witness by appellants and developed the theme of the article further as follows:

"If GHA expanded its activities to a point where it took over a substantial part of the people of the District of Columbia—rich and poor alike,—the United States Government subsidizing its services—it is quite obvious that the various doctors in the District of Columbia, with their plants, with their experience, and everything else, would not be able to compete on a fair, honest basis; and that is when medical practice would be broken down by the subsidized practice, tending to destroy the medical profession."

The record reveals other similar statements of which the following are examples: "I think it would be exceedingly unfortunate to stabilize the income of the medical profession, because there is just as much difference in the qualifications of doctors as there is in the qualifications of stenographers. Some of them can do it and some of them are rotten. . . . It would be unfortunate to stabilize the pay of doctors."

" . . . let us . . . consider what would happen in the District of Columbia provided you were able to obtain the maximum of enrollment in this corporation. . . . you see what it would do here as an economic thing. . . . It would simply result in the necessary exodus of a large part of the medical profession of the District of Columbia, . . ."

" . . . Quite naturally, however, the organized profession is insisting upon not being forced by misguided or unfair competition to give up any of its rightful prerogatives."

"The question has many implications. . . . About all the outside doctor would have to do would be to take care of the indigent and the riff-raff and the members who had been dropped by the club."

"Dr. McGovern said that he looked upon this Group Health Association movement as an organization coming in and *interfering with his business*. He added that he expected to be in practice for some 20 years and he did not propose, if it could be avoided at all, to have an organization such as was proposed to interfere with his work and income. 'Just what are you fellows going to do about it?' He cited the instance of the musicians who had succeeded in preventing the Marine Band from cutting in on their business in playing before assemblies without cost to the sponsors. . . . The lawyers as a group had prevented inroads in their business. 'It just doesn't seem that we are active in preventing the National Government from entering the practice of medicine and interfering with our business. It should be demanded from the American Medical Association that they send a man down here now and see just what could be done.' " [Italics supplied]

" . . . corporation practice of medicine . . . in the District of Columbia threatens to have a far reaching and deleterious effect on the private practice of medicine."

" . . . one is compelled to wonder what will become of the private practice of medicine in those centers if the government is to subsidize cut-rate medical schemes."

Maintenance of "free and fair competition" was the theme of defendants' request for instruction No. 31, refused by the trial court which read in part:

competition is revealed by the following statement in their Reply Brief: "Appellants insist that the origin of GHA is traceable directly to the Twentieth Century Fund, its subsidiary corporations, and others whose purpose was to destroy the private practice of medicine in the District . . . and to establish corporate practice of medicine." If, as appellants thus contend, they believed that the purpose of the Twentieth Century Fund and the purpose of GHA was to destroy the private practice of medicine in the District, by establishing corporate practice of medicine, obviously, the bitterest kind of competition in making available medical and hospital service was under way. If the purpose of appellants was to prevent such competition by the destruction of GHA, obviously that purpose was to restrain trade.<sup>28</sup>

" . . . the defendants were entitled, both collectively and individually, to adopt and carry out reasonable regulations in professional practice for the purpose of maintaining free and fair competition in the District of Columbia and . . . any restraints caused thereby upon Group Health Association, Inc., its doctors, members or operations, without more, would not violate the Sherman Act."

<sup>24</sup> Group Health Association is described in the indictment as follows: "33. Group Health Association, Inc., was incorporated on February 19, 1937, and authorized to do business under and by virtue of the laws of Congress for the District of Columbia. Said corporation is a non-profit, cooperative association of employees of certain departments in the executive branch of the United States Government employed in the District of Columbia. Most members of Group Health Association, Inc., are embraced within the low income group, over 80% of them earning annual incomes of not more than \$2,000. Said corporation is engaged in the District of Columbia in the business of arranging for the provision of medical care and hospitalization to its members and their dependents on a risk sharing prepayment basis. Said corporation collects monthly payments in the form of dues from its members. Medical care is provided by a medical staff consisting of salaried general practitioners and specialists engaged in group practices under the sole direction of a medical director. Said corporation pays adequate salaries to the doctors on its medical staff and provides the medical staff with a modern, well equipped clinic, which was opened on November 1, 1937. Said corporation also defrays, within limits, the expenses of hospitalization of its members and their dependents. The personal relationship ordinarily existing between doctor and patient obtains between the doctors on the medical staff of Group Health Association, Inc. and their Group Health Association, Inc. patients."

<sup>25</sup> "Evidence has been permitted in this case with respect to the public need or lack of need of so-called low-cost medicine. I charge you that any need, or lack of need, for a low-cost medicine plan, has nothing to do with the right of the defendants to exercise their lawful powers and duties in connection with the practice of the medical profession. The rights of Group Health Association, Inc. are no greater because of an alleged need for low-cost medicine, than if no such need existed. Group Health Association, Inc. had a lawful right to disapprove of what it may have thought was the attitude of the defendants toward low-cost medicine plans, just as the defendants had an equal right to disapprove of what the defendants thought was the attitude of Group Health Association, Inc. with respect to low-cost medicine plans. Each party to the controversy had the right to further and advance its own opinion in the controversy by all methods of legitimate persuasion and reasoned argument whether applied to members of the medical profession, the Washington hospitals, or the public. Refused. J. M. P."

<sup>26</sup> That appellants' attack on Group Health was for the purpose of restraining competition is admitted, by implication, also in their opening brief: " . . . that a corporation known as the Twentieth Century Fund with assets of approximately \$3,500,000, and whose main objective was to actively promote the organization of group payment agencies, i. e., organizations through which groups of people might obtain all-around medical and hospital care in return for some fixed periodic payments, was subsidizing GHA and enabling it to sell medical services



The important question is, therefore, whether the methods used constituted improper restraints of competition, within the meaning of the statute in the trade or commerce of financing and making available all or any of the three several services to which reference has been made. And, as the prosecution in the present case is under Section 3 of the Act no question of the interstate character of that trade or commerce is involved. Appellants urge a number of contentions to negate unlawful restraint. The first of these is that the controversy here involved is a labor dispute; hence that appellants are excluded from the operation of the Sherman Act, by virtue of provisions of the Clayton Act and of the Norris-LaGuardia Act.

Presumably appellants' contention casts medical doctors in the role of laborers; Group Health in the role of employer; and themselves in the role of labor organizations, or perhaps in a role comparable to that of the New Negro Alliance;<sup>27</sup> all this on the assumption that medical practice, the furnishing of medical services and the furnishing of hospital services, come within the common law definition of trade; with the consequence, they argue, that a controversy arising between these three groups, or any two of them, concerns "terms or conditions of employment, or . . . the association or representation of persons in negotiating, fixing, maintaining, changing, or seeking to arrange terms or conditions of employment, . . ."<sup>28</sup> That medical doctors, lawyers, teachers and other professional people can be and are employed there is no doubt. Some professional or pseudo-professional groups have organized themselves into unions. Medical societies and bar associations are sometimes referred to by laboring people as "doctors' unions" and "lawyers' unions." But after all it is a *labor dispute* which is the subject of definition and application in these Acts. Although, in the broader sense, all forms of mental and physical exertion may be called labor, even including attendance at a symphony concert or the labor of childbirth; and, although a dispute concerning any form of such labor might perhaps be called a labor dispute, the purpose of Congress seems to have been to describe a more limited range of activity.<sup>29</sup>

The Committee Reports on the Clayton and Norris-LaGuardia Acts indicate that the legislation was enacted in contemplation of disputes between workingmen,<sup>30</sup> or wage earners,<sup>31</sup> or laborers,<sup>32</sup> on the one

*at less than cost for the purpose of destroying the private practice of medicine and to set up in its place or stead a theory of the distribution of medical services advocated by such Fund; that HOLC was diverting Government moneys to subsidize GHA and thereby enabling it to sell medical services at less than cost;*  
 . . . " [Italics supplied]

<sup>27</sup> *New Negro Alliance v. Sanitary Grocery Co.*, 303 U. S. 552.

<sup>28</sup> *Norris-LaGuardia Act* of March 23, 1932, 47 STAT. 73, 29 U. S. C. § 113(c).

<sup>29</sup> *Columbia River Packers Ass'n., Inc. v. Hinton*, 315 U. S. 143; Note, 51 *YALE L. J.* 1039, 1040-1041.

<sup>30</sup> H. R. REP. NO. 612, 62d Cong., 2d Sess. (1912) 10: "The consensus of judicial view . . . is that workingmen may lawfully combine to further their material interests without limit or constraint, and may for that purpose adopt any means or methods which are lawful. It is the enjoyment and exercise of that right and none other that this bill forbids the courts to interfere with." [Italics supplied]

<sup>31</sup> SEN. REP. NO. 163, 72d Cong., 1st Sess. (1932) 9: "The right of wage earners to organize and to act jointly in questions affecting wages, conditions of labor, and the welfare of labor generally is conceded and recognized by all students of the subject." [Italics supplied]



hand, and aggregated capital, commonly in corporate form, on the other. A physician is not a workman<sup>33</sup> or a laborer,<sup>34</sup> as those words are known to the law, and his compensation is not wages.<sup>35</sup>

The matrix of the controversy must be the employer-employee relationship,<sup>36</sup> although the disputants need not stand in the proximate relation of employer and employee.<sup>37</sup> If physicians employed on the contract basis in industrial medicine should form associations for collective bargaining they might, perhaps, fairly be said to come within the operation of the Norris-LaGuardia and Clayton Acts.<sup>38</sup> Or if the laity were so dominantly organized into consumer cooperatives that it might properly be said of the physician, as of the individual unorganized worker, that he is "commonly helpless . . . to obtain acceptable terms and conditions of employment, . . . or protection "from the interference, restraint, or coercion of employers of labor, . . ."<sup>39</sup> then possibly the two Acts would be applicable.<sup>40</sup> But, under the actual facts of the present case, even the contracting physicians occupy no such position. For a fixed sum they assumed to render services when needed.<sup>41</sup> In the rendering of those services, when needed, they are not subject to supervision by the Association.<sup>42</sup> Originally independent contractors, they do not lose that status by contracting to perform unsupervised services.<sup>43</sup>

In our opinion, therefore, neither the Clayton Act nor the Norris-LaGuardia Act was intended to cover such a controversy as existed

<sup>33</sup> *Ibid.*: "A single laborer, standing alone, confronted with such far-reaching, overwhelming concentration of employer power, and compelled to labor for the support of himself and family, is absolutely helpless to negotiate or to exert any influence over the fixing of his wages or the hours and conditions of his labor." [Italics supplied]

<sup>34</sup> *Harris v. Mayor and City Council*, 151 Md. 11, 17, 133 A. 888, 890; nor is a lawyer, *Gay v. Hudson River Elec. Power Co.*, N. D. N. Y., 178 F. 499, 502; nor a skilled chemist, *Bagnall v. Levinstein, Ltd.*, [1907] 1 K. B. 531, 540; Note, 129 A. L. R. 990.

<sup>35</sup> *Weymouth v. Sanborn*, 43 N. H. 171, 173; nor is a minister, *Holy Trinity Church v. United States*, 143 U. S. 457, 463; nor a lawyer, *Latta v. Lonsdale*, 8 Cir., 107 F. 585; nor a teacher, *School Dist. No. 94, v. Gautier*, 13 Okla. 194, 204, 73 P. 954, 957; nor an actor, *Universal Pictures Corp. v. Superior Court*, Cal., 50 P. (2d) 500, 501-502.

<sup>36</sup> *Magers v. Dunlap*, 39 Ill. App. 618, 619; *First Nat. Bank v. Barnum*, D. C. M. D. Pa., 160 F. 245, 248; *Gay v. Hudson River Elec. Power Co.*, N. D. N. Y., 178 F. 499, 503; nor the fees of lawyers, *First Nat. Bank v. Barnum*, *supra*. Cf. *Romans* 6:23.

<sup>37</sup> *Columbia River Packers Ass'n., Inc. v. Hinton*, 315 U. S. 143.

<sup>38</sup> *Ibid.*; *New Negro Alliance v. Sanitary Grocery Co.*, 303 U. S. 552.

<sup>39</sup> See *Associated Press v. National Labor Relations Board*, 301 U. S. 103. Cf. *Michigan Trust Co. v. Grand Rapids Democrat*, 113 Mich. 615, 617, 71 N. W. 1102, 1103.

<sup>40</sup> *Norris-LaGuardia Act* of March 23, 1932, 47 STAT. 70, 29 U. S. C. § 102.

<sup>41</sup> *Columbia River Packers Ass'n., Inc. v. Hinton*, 315 U. S. 143.

<sup>42</sup> *Jordan v. Group Health Ass'n.*, 71 App. D. C. 38, 45, 107 F. (2d) 239, 246.

<sup>43</sup> *Group Health Association By-Laws*.

<sup>44</sup> *Meigs v. United States*, D. Mass., 30 F. Supp. 68, 69-70, *aff'd*, 115 F. (2d) 13; *Virginia Iron, Coal & Coke Co. v. Odle's Adm'r.*, 128 Va. 280, 289, 105 S. E. 107, 109. See *Cardillo v. Mockabee*, 70 App. D. C. 16, 18, 102 F. (2d) 620, 622.

in the present case. The carefully chosen language of the *Hutcheson* case<sup>44</sup> seems particularly significant in this respect: "The Norris-LaGuardia Act reasserted the original purpose of the Clayton Act by infusing into it the *immunized trade union activities* as redefined by the later Act. In this light § 20 removes all *such allowable conduct* from the taint of being a 'violation of any law of the United States,' including the Sherman Law. \* \* \* It was precisely in order to minimize the difficulties to which the general language of the Sherman Law in its application to *workers* had given rise, that Congress cut through all the tangled verbalisms and enumerated concretely the types of activities which had become *familiar incidents of 'union procedure.'*"<sup>45</sup> [Italics supplied] In the *Hutcheson* case the Court expressly distinguished the situation in which a union acts, not in its own self-interest, but in combination for other purposes, with non-labor groups.<sup>46</sup> It cited as an example *United States v. Brims*.<sup>47</sup> In the latter case it was held that a conspiracy of manufacturers of millwork, building contractors and union carpenters, to check competition from nonunion-made mill work was a violation of the Sherman Act; the conspiracy agreement being that the manufacturers and contractors would employ only union carpenters, who in turn would refuse to install the nonunion millwork. And, in contrast, the Court, in the *Hutcheson* case, also said: "Clearly, then, the facts here charged constitute lawful conduct under the Clayton Act unless the defendants cannot invoke that Act because *outsiders to the immediate dispute also shared in the conduct.*"<sup>48</sup> [Italics supplied] This, it would seem, was also the situation in the *New Negro Alliance* case.<sup>49</sup> Assuming a *bona fide* labor dispute, the participation of a non-labor organization therein should not, without more, deprive it of its character as a labor dispute; give it the character of criminal conduct; or authorize judicial restraint except in compliance with the limitations of the Norris-LaGuardia Act.

But, under the circumstances of the present case, appellants cannot escape the proscriptions of the Sherman Act even if we assume that the controversy was a labor dispute. As we have already noticed, the

<sup>44</sup> *United States v. Hutcheson*, 312 U. S. 219, 227, 231: "Whether the use of conventional, peaceful activities by a union in controversy with a rival union over certain jobs is a violation of the Sherman Law, Act of July 2, 1890, 26 Stat. 209, as amended, 15 U. S. C. § 1, is the question. \* \* \* The Norris-LaGuardia Act removed the fetters upon *trade union activities*, which according to judicial construction § 20 of the Clayton Act had left untouched, by still further narrowing the circumstances under which the federal courts could grant injunctions in labor disputes. More especially, the Act explicitly formulated the 'public policy of the United States' in regard to the industrial conflict, and by its light established that the allowable area of union activity was not to be restricted, as it had been in the *Duplex* case, to an immediate employer-employee relation. Therefore, whether *trade union conduct* constitutes a violation of the Sherman Law is to be determined only by reading the Sherman Law and § 20 of the Clayton Act and the Norris-LaGuardia Act as a harmonizing text of outlawry of labor conduct." [Italics supplied]

<sup>45</sup> *Id.* at 236, 237.

<sup>46</sup> *United States v. Hutcheson*, 312 U. S. 219, 232.

<sup>47</sup> 272 U. S. 549.

<sup>48</sup> *United States v. Hutcheson*, 312 U. S. 219, 233.

<sup>49</sup> *New Negro Alliance v. Sanitary Grocery Co.*, 303 U. S. 552, 555-556; *Columbia River Packers Ass'n., Inc. v. Hinton*, 315 U. S. 143.

Supreme Court plainly indicated in the *Apex* case<sup>50</sup> that some phase of labor disputes may come under the condemnation of the Sherman Act; if, for example, they involve a combination or conspiracy which has as its purpose restraint upon competition, or if the labor organization is used by combinations of those engaged in an industry as the means or instrument for "suppressing competition or fixing prices."<sup>51</sup> In the *Apex* case the Sherman Act was held to be inapplicable because it did not appear that the strikers' acts were intended to restrain competition or that they had any effect on market prices of goods or services.<sup>52</sup> But that was not the situation of the present case.

Appellants reassert—in support of their contention that their conduct was not in restraint of trade—a proposition urged on the earlier appeal, that their conduct was no more than a reasonable regulation of the practice of medicine; and they rely upon the language of our earlier opinion: "If there is any justification for the restraint, so as to make it reasonable as a regulation of professional practice, it must be shown in evidence as a defense . . . ." <sup>53</sup> But in that same opinion—after recognizing the large and beneficent part which appellants have played in raising the standards of medical practice, and in contributing to the relief of the unfortunate and destitute—we also said: "Notwithstanding these important considerations, it cannot be admitted that the medical profession may through its great medical societies, either by rule or disciplinary proceedings, legally effectuate restraints as far reaching as those now charged."<sup>54</sup> And we did not, by any means, declare the law to be—as appellants now assert—that a conspiracy "entered into with the object of properly and fairly regulating the practice of medicine, . . ." was not a violation of the Sherman Act. The prayer for instruction which appellants requested upon this point was contradictory on its face and was properly refused. Under no circumstances could the commission of crime be justified as a reasonable regulation of professional practice.<sup>55</sup>

<sup>50</sup> *Apex Hosiery Co. v. Leader*, 310 U. S. 469, 487-489.

<sup>51</sup> *Id.* at 501. See *New Negro Alliance v. Sanitary Grocery Co.*, 303 U. S. 552, 558-563: " . . . short of fraud, breach of the peace, violence, or conduct otherwise unlawful. . . ."; *United States v. Hutcheson*, 312 U. S. 219, 231: "Therefore, whether trade union conduct constitutes a violation of the Sherman Law is to be determined only by reading the Sherman Law and § 20 of the Clayton Act and the Norris-LaGuardia Act as a harmonizing text of outlawry of labor conduct."

<sup>52</sup> *Apex Hosiery Co. v. Leader*, 310 U. S. 469, 501-502.

<sup>53</sup> *United States v. American Medical Ass'n.*, 72 App. D. C. 12, 21, 110 F. (2d) 703, 712, cert. denied, 310 U. S. 644.

<sup>54</sup> *Id.*

<sup>55</sup> In *Anderson v. United States*, 171 U. S. 604, 615-616, upon which appellants rely, the law was stated in the following terms: "Where the subject-matter of the agreement does not directly relate to and act upon and embrace interstate commerce, and where the undisputed facts clearly show that the purpose of the agreement was not to regulate, obstruct or restrain that commerce, but that it was entered into with the object of properly and fairly regulating the transaction of the business in which the parties to the agreement were engaged, such agreement will be upheld as not within the statute, where it can be seen that the character and terms of the agreement are well calculated to attain the purpose for which it was formed, and where the effect of its formation and enforcement upon interstate trade or commerce is in any event but indirect and incidental, and not its purpose or object."

The wide scope of appellants' contention concerning their power to effect a reasonable regulation of the practice of medicine is revealed by proposed instructions and by their arguments on brief which seem to assume for them powers of a state legislature to enact and enforce laws to require improvement of standards of professional practice. Thus they rely upon such cases as *Semler v. Oregon State Board of Dental Examiners*<sup>54</sup> and *Graves v. Minnesota*,<sup>57</sup> which involved the constitutionality of state statutes and in each of which the statute was upheld on the ground that it constituted a reasonable exercise of the police power of the state. Needless to say, appellants have no such power.

The situation which confronts appellants, and which they have sought to control, is not confined to the medical profession alone. Profound changes in social and economic conditions have forced members of all professional groups to make readjustments. The fact that these changes may result even in depriving professional people of opportunities formerly open to them does not justify or excuse their use of criminal methods to prevent changes or to destroy new institutions. Lawyers, too, have seen, during recent decades, large scale changes in their professional work.<sup>58</sup> There was a time when lawyers worked entirely on fee or retainer in particular cases and controversies; now many of them are salaried employees on the staffs of large corporate industrial and financial organizations. Many of the simpler functions of business which once required the assistance of lawyers are now the routine work of better educated and more highly skilled business men; some of them law school graduates. Recent legislation has had the effect of removing from the field of judicial controversy and determination, a large percentage of cases which at an earlier time constituted the mainstay of lawyers' practice.<sup>59</sup> A good example is found in connection with accidents occurring in industrial employment. In some of this new legislation representation by lawyers is expressly discouraged.<sup>60</sup> In some of it, formal rules of pleading, practice and evidence—the lawyers' tools—are dispensed with.<sup>61</sup>

<sup>54</sup> 294 U. S. 608.

<sup>57</sup> 272 U. S. 425.

<sup>58</sup> Jackson, *An Organized American Bar*, 18 A. B. A. J. 383; Rutledge, *What Changed Conditions Must the Lawyer Face in the Practice of Law?*, 9 AM. L. SCHOOL REV. 1174.

<sup>59</sup> See Llewellyn, *The Bar's Troubles, and Poultices—and Cures?*, 5 LAW AND CONTEMP. PROB. 104, 107.

<sup>60</sup> E. g., the Longshoremen's and Harbor Workers' Compensation Act of March 4, 1927, 44 STAT. 1435, 33 U. S. C. § 919(d): "At such hearing the claimant and the employer may each present evidence in respect of such claim and may be represented by any person authorized in writing for such purpose."

The legislation establishing a Small Claims and Conciliation Branch in the Municipal Court of the District of Columbia provides in part that "The clerk of said branch shall, at the request of any individual, prepare the statement of claim and other papers required to be filed in an action in this branch. . . ."

52 STAT. 103, § 5(a); D. C. CODE (1940) § 11-805(a).

See *Eagle Indemnity Co. v. Industrial Accident Commission*, 217 Cal. 244, 248, 15 P. (2d) 341, 343; Note, 22 CALIF. L. REV. 121; Robinson, *Appearances by Laymen in a Representative Capacity before Administrative Bodies*, 5 LAW AND CONTEMP. PROB. 89.

<sup>61</sup> E. g., the Longshoremen's and Harbor Workers' Compensation Act of March 4, 1927, 44 STAT. 1437, 33 U. S. C. § 923(a): "In making an investigation or inquiry or conducting a hearing the deputy commissioner shall not be bound by common law or statutory rules of evidence or by technical or formal rules of



There are some who regret and some who resent these changes. Over the years, as individuals and as members of professional associations, they have labored to prevent or minimize them. But they would not suggest that criminal conduct, as individuals or as associations, would be proper for such a purpose.

Professions exist because the people believe they will be better served by licensing especially prepared experts to minister to their needs.<sup>62</sup> The licensed monopolies which professions enjoy constitute, in themselves, severe restraints upon competition. But they are restraints which depend upon capacity and training, not special privilege. Neither do they justify concerted criminal action to prevent the people from developing new methods of serving their needs. There is sufficient historical evidence of professional inadequacy to justify occasional popular protests.<sup>63</sup> The better educated laity of today questions the adequacy of present-day medicine.<sup>64</sup> Their challenge finds support, as indicated in the margin, from substantial portions of the medical profession itself.<sup>65</sup> The people give the privilege of

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procedure, except as provided by this Act; but may make such investigation or inquiry or conduct such hearing in such manner as to best ascertain the rights of the parties."

In proceedings in the Small Claims and Conciliation Branch of the Municipal Court, "The judge shall conduct the trial in such manner as to do substantial justice between the parties according to the rules of substantive law, and shall not be bound by the statutory provisions or rules of practice, procedure, pleading, or evidence, except such provisions relating to privileged communications." 52 STAT. 105, § 8(b); D. C. CODE (1940) § 11-808(b).

<sup>62</sup> Alabama Power Co. v. Federal Power Commission, (No. 7853, decided March 30, 1942) — App. D. C. —, — F. (2d) —: "The grant of a license, being a privilege from the sovereign, can be justified only on the theory of resulting benefit to the public."

<sup>63</sup> SHRYOCK, *THE DEVELOPMENT OF MODERN MEDICINE* (1936) 2: "When Rush died, in 1813, he was widely acclaimed the greatest physician his country had known. Three short decades passed, and an outstanding American physician of the next generation found himself revaluing Rush's medical essays. The results were rather startling. 'It may be safely said,' observed Elisha Bartlett in 1843, 'that in the whole vast compass of medical literature, there cannot be found an equal number of pages containing a greater amount and variety of utter nonsense and unqualified absurdity.' A more sudden and extreme revision of scientific opinion could hardly be imagined. Here was Rush lauded by one generation and repudiated by the next."

<sup>64</sup> SHRYOCK, *id.* at 371-372: "Hence there gradually evolved, in educated minds, a syllogism of some such form as this: Medical science can now prevent or cure certain major diseases. Many people continue to suffer from these very diseases. Ergo, medical science does not serve the people as it should. The most obvious explanation was to be found in the mounting costs of service. Here, again, it is to be noted that it was the very progress which physicians had made in science, which involved them in new difficulties in the practice of their art. Technical improvement led to simultaneous increase in the demand for medical services and in the price that must be paid for them. And so the more that people trusted medical aid, the less they could afford it. Here was a serious and unexpected impasse in the public relations of the profession."

<sup>65</sup> SHRYOCK, *id.* at 399-400: "In 1926 some fifteen leaders in medicine, public health, and the social sciences had inaugurated a series of conferences which led to the creation of a national Committee on the Costs of Medical Care. This body consisted of fifty members drawn from various interested groups ranging from private practitioners to economists. Dr. Ray Lyman Wilbur, Secretary of the Interior in President Hoover's cabinet, served as Chairman. . . . The Committee carried out a nation-wide survey of sickness and medical service among nearly nine thousand white families. Their reports revealed, by 1932, a direct correlation between income and all types of medical service; and tended in general to substantiate the claims made by the advocates of health insurance more than a



professional monopoly and the people may take it away. A highly regimented military profession under strict governmental control; a ministerial or religious profession, without uniform standards or licensure; a large group of highly trained persons who serve the people as experts in news collection and dissemination but who have never had professional standing, licensure or monopoly;<sup>66</sup> these are all examples of alternative methods which the people have used to develop and control their professional groups.

In some instances professional groups have been charged by legislative fiat with powers and duties concerning professional education, licensure, discipline, removal of licensees from practice, and other related subjects.<sup>67</sup> In such cases they act as agencies of government.

decade before. The lowest income group (under \$1,200 per year) received more of certain types of care—presumably due to charity services—than did the next two higher groups (\$1,200 to \$3,000); but in general these classes all received much less service than those whose incomes were above the last-named amount. Thus the group with the lowest amount of service received only 50 per cent as many days of hospitalization, and only 41 per cent as many medical calls as did the group with the highest amount of service. In every case, the latter was the highest income group. The highest group itself received less medical service than the standard which the majority of the Committee considered essential to good care."

The American Medical Association, it is true, disagrees with the conclusions of these eminent professionals. SHRYOCK, *id.* at 401: "Taking quite another view of the situation, the Bureau of Economics of the American Medical Association conducted an investigation which . . . revealed the fact that there are few, if any, people in the United States really suffering from lack of medical care. . . ."

<sup>66</sup> It is perhaps significant that in the latest professional development—radio broadcasting—increased emphasis has been placed on ruthless competition (*Federal Communications Commission v. Sanders Brothers Radio Station*, 309 U. S. 470) and governmental control. *Federal Communications Act of 1934*, 48 STAT. 1082-1087, 47 U. S. C. §§ 303(m), 304, 307(d), 309(b)(1), 311, 312(a)(b); *id.* 48 STAT. 1104, 47 U. S. C. §§ 606(c)(d), as amended by the Act of January 26, 1942, Public No. 413, 77th Cong., 2d Sess.

<sup>67</sup> *E.g.*, the Integrated Bar in the legal profession. The State Bar Act of South Dakota provides in part (*South Dakota Laws 1931*, c. 84, §§ 11, 13, 14 J. AM. JUR. SOC. 183, 189): "Section 11. Unlawful Practice of Law. After the organization of the State Bar has been accomplished, as provided by this act, the Supreme Court shall fix a date after which no person shall practice law in the State of South Dakota unless such person be a member of the State Bar in good standing."

"Section 13. Violation of Rules May Be Punished. The by-laws, rules and regulations, when adopted by the Bar Board, and when approved by the Supreme Court, shall be binding upon all members of the State Bar, and the wilful violation of any such rules and regulations by any member of the State Bar may be punished by suspension from the practice of law, for such period as may be determined by the Supreme Court under the same procedure as now provided by law for suspension of the right of attorneys to practice law in this state."

The State Bar Act of California provides in part (*California Statutes 1927*, c. 34, §§ 23, 24, 26): "Sec. 23. The board shall have power to aid in the advance of the science of jurisprudence and in the improvement of the administration of justice."

"Sec. 24. With the approval of the supreme court, and subject to the provisions of this act, the board shall have power to fix and determine the qualifications for admission to practice law in this state. . . ."

"Sec. 26. The board of governors shall have power, after a hearing for any of the causes set forth in the laws of the State of California warranting disbarment or suspension, to disbar members or to discipline them by reproof, public or private, or by suspension from practice, and the board shall have power to pass upon all petitions for reinstatement. . . ."

See Bayre, *Proposed Integration of the Bar in Iowa*, 17 IOWA L. REV. 50, 53, n. 5. For general discussion see *Report of the Special Committee on Incorporation of the Bar*, 11 MICH. STATE BAR JOURNAL 50.

Although some similar delegations of power have been made to the organized medical profession,<sup>68</sup> there is no evidence of delegation of power to appellants, sufficient to authorize the conduct for which they have been convicted. In the absence thereof professional groups must abide by the general laws just as scrupulously as any private citizen or private corporation. It is in this setting that appellants were permitted to organize, to establish standards of professional conduct, to effect agreements for *self-discipline and control*. There is a very real difference between the use of such self-disciplines and an effort upon the part of such associations to destroy competing professional or business groups or organizations. Again, to use the analogy of the legal profession, the activities of the American Medical Association in the present case more nearly resemble the situation which would exist if the American Bar Association or one of the state associations should undertake to destroy, by methods of criminal conspiracy, business organizations which employ lawyers, such as automobile associations, collection agencies, bankers' associations and title and trust companies. It is true that they have attempted, by means of actions to forbid unlawful practice of the law and by efforts to secure legislation, thus to prevent activities which they regarded as encroachments upon the practice of law. Such actions at law and such efforts to secure enactment of legislation are equally available to appellants. But there is a clearly defined line of demarcation here which must be observed if the penalties of the Sherman Act are to be avoided. As we suggested in our earlier opinion, appellants have open to them always the safer and more kindly weapons of legitimate persuasion and reasoned argument,<sup>69</sup> as a means of preserving professional esprit de corps, winning public sentiment to their point of view or securing legislation.<sup>70</sup> But they have no license to commit crime. When they go so far as to impose unreasonable restraints, they become subject to the prohibition of the Sherman Act.<sup>71</sup> This, then, represents a limit to professional group activities. If it is desired to extend them beyond this point, legislation is required for that purpose. It may be desirable that this professional group shall be given such enlarged powers, but if so it will be necessary for the legislature to speak upon the subject rather than for the courts to recognize a privilege based upon preemption or usurpation.

<sup>68</sup> E.g., in Maryland the examination of applicants for licenses to practice is entrusted to a Board of Medical Examiners elected by the state medical society, the Medical and Chirurgical Faculty. Md. Code (1939) art. 43, § 117. The Board is charged to establish its own standard of requirements for examinations (id. § 120), and all licenses to practice are to have affixed the seal of the Medical and Chirurgical Faculty. Id. § 126.

The educational standards established by the American Medical Association for medical schools are sometimes given legislative recognition in statutes providing for the granting of certificates to practice to graduates of foreign schools which maintain such standards. VA. Code (1936) c. 68, § 1615(d).

The high standards adopted by the medical profession have also been recognized by state laws permitting the admission to practice of licentiates of the National Board of Medical Examiners. Md. Code (1939) art. 43, § 121; GA. Code (1933) § 84-914. See 119 A. M. A. J. 178 (May 9, 1942).

<sup>69</sup> United States v. American Medical Ass'n., 72 App. D. C. 12, 21, 110 F. (2d) 703, 712, cert. denied, 310 U. S. 644.

<sup>70</sup> Henderson v. Knoxville, 57 Tenn. 477, 481, 9 S. W. (2d) 697, 698, 60 A. L. R. 652, 654.

<sup>71</sup> Sugar Institute, Inc. v. United States, 297 U. S. 553, 597-600.

The same general misconception seems to underlie appellants' effort to show absence of restraint by contending that Group Health Association is an illegal organization or that it is engaged in illegal activities. It is elementary that a person is not privileged to kill another simply because the latter is a bad man.<sup>72</sup> Neither can justification for the commission of a crime be found in the fact that its commission benefited the community; and evidence offered for such a purpose is properly excluded.<sup>73</sup> Nor is the fact that a crime was committed with the intent to accomplish some ultimate good, an excuse for its commission;<sup>74</sup> even if it was for the purpose of enforcing the law.<sup>75</sup>

The same rule applies in conspiracy cases as in criminal cases generally. Thus it was no defense to a charge of conspiracy to dynamite a man's house that the house was a disreputable resort, a place where moonshine whisky was sold and where lewd women congregated for unlawful purposes.<sup>76</sup> And the same rule applies in cases of conspiracy under the Sherman Act.<sup>77</sup> Neither the fact that the conspiracy may be intended to promote the public welfare,<sup>78</sup> or that of the industry,<sup>79</sup> nor the fact that it is designed to eliminate unfair, fraudulent and unlawful practices,<sup>80</sup> is sufficient to avoid the penalties of the Sherman Act.

Appellants are not law enforcement agencies; they are charged with no duties of investigating or prosecuting, to say nothing of convicting and punishing. They have been given no power to require their members, or Group Health Association, to reveal the intimate details of their affairs, as was attempted in the present case.<sup>81</sup> Except for

<sup>72</sup> *State v. Morrison*, 121 S. C. 11, 113 S. E. 304.

<sup>73</sup> *Republica v. Caldwell*, 1 Dall. [Pa.] 150.

<sup>74</sup> *People ex rel. Hegeman v. Corrigan*, 195 N. Y. 1, 13, 87 N. E. 792, 796: "So, ordinarily, a criminal intent is an intent to do knowingly and willfully that which is condemned as wrong by the law and common morality of the country, and if such an intent exists, it is neither justification nor excuse that the actor intended by its commission to accomplish some ultimate good. 1 Bishop's Crim. Law, § 341. . . . One may not commit a crime because he hopes or expects that good will come of it. It is no defense to a charge of intentionally committing an act prohibited by law even that the dictates of his religious belief require one to do the act."; *Reynolds v. United States*, 98 U. S. 145.

<sup>75</sup> *Crawford v. Ferguson*, 5 Okla. Cr. 377, 115 P. 278, 279-280: "A violation of law, when committed even for the purpose of enforcing the law, is not only illegal, but it is anarchy itself."; *Hamp v. State*, 19 Wyo. 377, 406, 118 P. 653, 662; *Charge to the Grand Jury, Quincy (Mass.)* 218, 221: "Levying War against the King is High Treason; as where People set about redressing public Wrongs; this, Gentlemen, the Law calls levying War against the King; because it is going in direct Opposition to the King's Authority, who is the Redresser of all Wrongs."

<sup>76</sup> *Nails v. Commonwealth*, 228 Ky. 838, 16 S. W. (2d) 474.

<sup>77</sup> *Sugar Institute, Inc. v. United States*, 297 U. S. 553, 599: "The freedom of concerted action to improve conditions has an obvious limitation. The end does not justify illegal means. The endeavor to put a stop to illicit practices must not itself become illicit. As the statute draws the line at unreasonable restraints, a cooperative endeavor which transgresses that line cannot justify itself by pointing to evils afflicting the industry or to a laudable purpose to remove them."; *Paramount Famous Lasky Corp. v. United States*, 282 U. S. 30, 44.

<sup>78</sup> *Eastern States Retail Lumber Dealers' Ass'n. v. United States*, 234 U. S. 600, 613.

<sup>79</sup> *Paramount Famous Lasky Corp. v. United States*, 282 U. S. 30, 43; *United States v. First National Pictures, Inc.*, 282 U. S. 44.

<sup>80</sup> *Fashion Originators' Guild of America, Inc. v. Federal Trade Commission*, 312 U. S. 457, 468.

<sup>81</sup> *United States v. American Linseed Oil Co.*, 262 U. S. 389, 389.

their size, their prestige and their otherwise commendable activities, their conduct in the present case differs not at all from that of any other extra-governmental agency which assumes power to challenge alleged wrongdoing by taking the law into its own hands.<sup>82</sup> Although extreme situations may seem sometimes to have required vigilante action where effective law enforcement by duly constituted officers had broken down or never been established,<sup>83</sup> and although persons who reason superficially concerning such matters may find justification for extra-legal action to secure what seems to them desirable ends; this is not the American way of life.<sup>84</sup> If Group Health Association is illegal, or is engaged in illegal activities, there is a method provided by law to determine the facts and to secure appropriate action.<sup>85</sup> If further controls are needed in addition to those now available, the legislative method is the appropriate one to secure the desired end.

The Government offered evidence that in various instances, over a period of years preceding the indictment, the American Medical Association induced various hospitals to exclude physicians from their staffs because of the physicians' connection with various low-cost, risk-sharing or prepayment plans for medical services. Appellants contend that this evidence was not the type of background evidence approved by our decision in *United States v. American Medical Association*.<sup>86</sup> Specifically, they object that the Government did not present in detail the nature of the various plans which the Association thus allegedly sought to thwart and that the action of the Association is equivocal, hence as consistent with the enforcement of legitimate ethical standards as with a policy of discouragement of low-cost or risk-sharing or prepayment plans. It is true that in each instance

<sup>82</sup> *Fashion Originators' Guild of America, Inc. v. Federal Trade Commission*, 312 U. S. 457, 465-466: "In addition to all this, the combination is in reality an extra-governmental agency, which prescribes rules for the regulation and restraint of interstate commerce, and provides extra-judicial tribunals for determination and punishment of violations, and thus 'trenches upon the power of the national legislature and violates the statute.' *Addyston Pipe & Steel Co. v. United States*, 175 U. S. 211, 242."

<sup>83</sup> 23 ENCYC. BRIT. 146. See *Denver and Rio Grande Ry. v. Harris*, 122 U. S. 597, 606; *Boyle v. Case, D. Ore.*, 18 F. 880, 883-885; *Sander v. Gilbert*, 156 N. C. 463, 481, 72 S. E. 610, 617.

<sup>84</sup> Charles Evans Hughes, 18 PROC. OF AM. LAW INST. (1941) 24, 29: "Democracy cannot escape its pressure groups. Each interest has its imperious demands. These groups compete in the market place, in the forums of public opinion, in popular elections, and in our legislative halls, but they have no place in the halls of judicial administration. The lamps of justice are dimmed or have wholly gone out in many parts of the earth, but these lights are still shining brightly here. We are engaged in harnessing our national power for the defense of our way of life. But that way is worthwhile only because it is the pathway of the just. It is our high privilege, although our task may seem prosaic, to strengthen the defenses of democracy by commending to public confidence and esteem the working of the institutions of justice in both state and nation."; Note, 2 GEO. WASH. L. REV. 498.

<sup>85</sup> D. C. COPY (1940) §§ 2-101, 2-102, 2-130, 2-132, 2-137, 29-719, 29-725, 35-1347. Proceedings instituted by Group Health Association have established that its activities do not violate the insurance laws of the District of Columbia. *Jordan v. Group Health Ass'n.*, 71 App. D. C. 38, 107 F. (2d) 239. The decision of the District Court included a finding that Group Health's activities do not violate the Healing Arts Practice Act of the District of Columbia. *Group Health Ass'n. v. Moor, D. C.*, 24 F. Supp. 445, 446-447. This part of the judgment was not appealed. *Jordan v. Group Health Ass'n.*, 71 App. D. C. 38, 39, 107 F. (2d) 239, 240.

<sup>86</sup> 72 App. D. C. 12, 110 F. (2d) 703, cert. denied, 310 U. S. 644.



the nature of the plan was not greatly detailed, though the Government's first witness gave a description of prepayment plans in general and described several then in operation, including at least two which were objects of opposition by the Association. We think it was sufficiently shown that these various plans all involved the common element of low cost, and that the attitude of the Association toward each was hostile.<sup>87</sup> This evidence was admissible as bearing on the intent of the Association in respect of the actions which are the subject matter of the indictment.<sup>88</sup> Even assuming that this evidence may have

<sup>87</sup> For example, in 1936, the State Medical Society of Wisconsin disapproved a plan proposed for the care of employees of the International Harvester Company. The proponents of this plan, who were members of the State Society, refused to resign, and were subsequently tried, found guilty and expelled from the Society on the ground of violations of the By-Laws of the Society and the Principles of Medical Ethics. The expelled members appealed to the Judicial Council of the American Medical Association, which affirmed the action of the State Society. As appears from the opinion of the Judicial Council, the features of the plan were as follows: "1. Unlimited medical and surgical service for \$1.00 per month for a single man; \$2.00 per month for man and wife; \$3.00 per month for man, wife and family. 2. Only diseases excluded from the plan—mental and contagious. Hospitalization not included. 3. There would be no solicitation of patients. 4. All physicians who joined the clinic would benefit from any profits. 5. Patients may select any physician on the staff. 6. Preventive treatment not included in the plan. 7. No written contract between patient and clinic. Participants in plan restricted to those with income of \$200.00 or less per month."

The opinion of the Judicial Council also stated that: "The Judicial Council is distinctly of the opinion that practice under the terms and conditions to which these appellants have agreed with the employees of the International Harvester Company constitutes a violation of Chapter III, Art. VI, (Revised) Sec. 3, of the Principles of Medical Ethics (contract practice contrary to sound public policy)."

In the meantime and following the action of the State Society, Dr. Cutter, Secretary of the Association, had written the Superintendent of Mount Sinai Hospital, Milwaukee, Wisconsin, in the following language: "It has come to our attention, through correspondence with the Medical Society of Milwaukee County, that certain physicians have been expelled from that society through participation in an organization known as 'Milwaukee Medical Center.' It is also reported that certain of these same individuals continue as members of your attending staff with hospital privileges. May we call your attention to the recent resolution passed by the House of Delegates of the American Medical Association, as follows: 'Resolved, That it is the opinion of the House of Delegates of the American Medical Association that physicians on the staffs of hospitals approved for intern training by the Council on Medical Education and Hospitals should be limited to members in good standing of their local county medical societies and that the House of Delegates requests the Council on Medical Education and Hospitals to take this under advisement.' What possibility, if any, exists for observance of the principle laid down in this resolution?"

After a series of temporizing correspondence, Dr. Cutter again addressed the Superintendent of Mount Sinai Hospital as follows: "In view of the fact that we have received no reply to our letter of May 5 and no notification of any action taken with respect to the employment of physicians expelled from the county medical society, we wish to inform you that we are recommending to the Council that Mount Sinai Hospital be removed from the approved intern list and also from the the Register of the American Medical Association."

One week later the Superintendent of Mount Sinai Hospital wrote Dr. Cutter that the objectionable physicians had been denied further staff and courtesy privileges at Mount Sinai Hospital by vote of the Executive Committee.

<sup>88</sup> *Chicago Board of Trade v. United States*, 246 U. S. 231, 238; *Standard Oil Co. v. United States*, 221 U. S. 1, 46-47, 75-77; *Heike v. United States*, 227 U. S. 131, 145; *Baush Machine Tool Co. v. Aluminum Co. of America*, 2 Cir., 72 F. (2d) 236, 239, cert. denied, 293 U. S. 589; *Patterson v. United States*, 6 Cir., 222 F. 599, 629-630, cert. denied, 238 U. S. 635; *United States v. Lake Shore & M. S. Ry.*, S. D. Ohio, 203 F. 295, 307, appeal dismissed, 241 U. S. 691; *United States v. E. I. Du Pont de Nemours & Co.*, D. Del., 188 F. 127, 134.



been relevant only in respect of the American Medical Association and that it was introduced for that purpose by the Government, nevertheless, as appellants sought only to exclude it entirely, rather than merely to limit its probative force, there was, consequently, no error in admitting it,<sup>89</sup> in any event.

Appellants contend further, in this connection, that: "A misdemeanor such as described in Section 3 of the Sherman Act is not a violation of the law in Texas, Wisconsin, or any other state of the United States. A restraint of intrastate trade in Texas or Wisconsin is not a violation of any law of the United States, and so far as this record discloses, of any state law. Every man has a right to do it, and no finger of scorn is to be pointed at him for doing it. To permit the Government to prove in a case pending in the District of Columbia lawful acts that were performed by the defendant AMA in Texas and Wisconsin is error." But as applied to the present case the premise is incorrect and the conclusion does not follow. In the first place, it is elementary that if the object of a conspiracy is criminal, then evidence of conduct—otherwise lawful—but which is intended to achieve that criminal objective may properly be received to prove the conspiracy.<sup>90</sup> In the second place, whether the particular conduct was criminal at the time and place where it occurred is beside the point. Evidence has been admitted to prove background, even though it concerned conduct which occurred prior to adoption of the act under which the indictment was found;<sup>91</sup> as well as concerning conduct which occurred before the date in the indictment when it was alleged that the accused persons conspired.<sup>92</sup> The disputed evidence in the present case was not offered to prove the commission of crimes in Texas, Wisconsin, or other states, but to prove the commission of a crime in the District of Columbia, by proving the background of appellant's conduct in the District of Columbia. What it did in the District was part of a larger plan. Evidence of conduct in other states—which may have been perfectly lawful according to the laws in force in those states—was nevertheless proof of appellant's intent and purpose in acting as it did in the District.<sup>93</sup> The cases relied upon by appellants require no other conclusion. One of them is not in point and in both of the others all the acts complained of were committed outside the

<sup>89</sup> *Greater New York Live Poultry Chamber of Commerce v. United States*, 2 Cir., 47 F. (2d) 156, 159, *cert. denied*, 283 U. S. 837.

<sup>90</sup> *Aikens v. Wisconsin*, 195 U. S. 194, 206; *Swift and Co. v. United States*, 196 U. S. 375, 396; *Badders v. United States*, 240 U. S. 391, 394; *Duplex Printing Press Co. v. Deering*, 254 U. S. 443, 465; *Falstaff Brewing Corp. v. Iowa Fruit & Produce Co.*, 8 Cir., 112 F. (2d) 101, 108; *Lynch v. Magnavox Co.*, 9 Cir., 94 F. (2d) 883, 889; *Marino v. United States*, 9 Cir., 91 F. (2d) 691, 694, *cert. denied*, 302 U. S. 764.

<sup>91</sup> *Standard Oil Co. v. United States*, 221 U. S. 1, 46-47: " . . . it tended to throw light upon the acts done after the passage of the Anti-trust Act and the results of which it was charged were being participated in and enjoyed by the alleged combination at the time of the filing of the bill."

<sup>92</sup> *Heike v. United States*, 227 U. S. 131, 145: "The longer it had lasted the greater the probability that he knew of it and that his acts that helped it were done with knowledge of their effect."; *Bausch Machine Tool Co. v. Aluminum Co. of America*, 2 Cir., 72 F. (2d) 236, 239, *cert. denied*, 293 U. S. 589; *Wilson v. United States*, 6 Cir., 109 F. (2d) 895.

<sup>93</sup> See *Greater New York Live Poultry Chamber of Commerce v. United States*, 2 Cir., 47 F. (2d) 156, 159, *cert. denied*, 283 U. S. 837.

United States.<sup>94</sup> In *Eastern States Petroleum Co., Inc. v. Asiatic Petroleum Corp.*, Judge Chase, speaking for the Second Circuit Court of Appeals, put the case in a nutshell when he said: "Likewise, what was done wholly abroad *unaided by acts in this country* must be counted out."<sup>95</sup> [Italics supplied]

Appellants contend that the verdict of the jury acquitting all the defendants except the American Medical Association and the Medical Society of the District of Columbia, and convicting the two latter associations, constitutes such inconsistency as to require that the verdicts of guilty be set aside. It has been held many times that inconsistency in verdicts does not require the result contended for by appellants.<sup>96</sup> And this is true even though the inconsistency can be explained by no rational considerations.<sup>97</sup> The question for us is whether the conviction is consistent with the evidence.<sup>98</sup> Complete identity of participation in the conspiracy was not necessary upon the part of the participants, either in fact or in law. While such complete identity is not necessary in order to sustain a verdict when several persons jointly tried are convicted,<sup>99</sup> lack of it may be enough to explain away a supposed inconsistency when some are acquitted and others convicted. Thus in *American Socialist Soc. v. United States*, the court said: "The last objection is that the judgment should be reversed, because, if the author of the pamphlet was not guilty, the publishers could not be guilty. It is said that Nearing must have been acquitted on one of two grounds, viz. either that the pamphlet itself was innocuous or that he had no intent to obstruct the recruiting and enlistment service of the United States. If the acquittal of Nearing was on the first ground, the society ought also to have been acquitted. We are therefore justified in finding that the acquittal was on the second ground. The statute, in defining the offense, imposes the additional condition that the act shall be done with the specific intent of obstructing the recruiting and enlistment service of the United States. The jury might believe that Nearing did not write these harmful views with the intent of obstructing the recruiting and enlistment service of the United States, and at the same time believe that the Society did print and distribute them with that intent. Such findings would not be inconsistent. This is a matter of fact, of which the jury are the sole judges, and with it we have no concern."<sup>100</sup>

<sup>94</sup> *American Banana Co. v. United Fruit Co.*, 213 U. S. 347, 357; *Eastern States Petroleum Co., Inc. v. Asiatic Petroleum Corp.*, 2 Cir., 103 F. (2d) 315, 319.

<sup>95</sup> *Ibid.*

<sup>96</sup> *United States v. General Motors Corp.*, 7 Cir., 121 F. (2d) 376, 411, *cert. denied*, 314 U. S. 618; *Bryant v. United States*, 5 Cir., 120 F. (2d) 483, 485; *Dunn v. United States*, 284 U. S. 390, 393; *Steckler v. United States*, 2 Cir., 7 F. (2d) 59, 60; *United States v. Austin-Bagley Corp.*, 2 Cir., 31 F. (2d) 229, 233, *cert. denied*, 279 U. S. 863; *Crichton v. United States*, 67 App. D. C. 300, 303, 92 F. (2d) 224, 227, *cert. denied*, 302 U. S. 702. See *United States v. Bergdoll*, E. D. Pa., 272 F. 498, 505, *cert. denied*, 59 U. S. 585.

<sup>97</sup> *United States v. Austin-Bagley Corp.*, 2 Cir., 31 F. (2d) 229, 233, *cert. denied*, 279 U. S. 863.

<sup>98</sup> *United States v. General Motors Corp.*, 7 Cir., 121 F. (2d) 376, 411, *cert. denied*, 314 U. S. 618.

<sup>99</sup> *McCandless v. Furlaud*, 296 U. S. 140, 165; *United States v. Anderson*, 7 Cir., 101 F. (2d) 325, 332-333, *cert. denied*, 307 U. S. 625; *THORNTON, COMBINATIONS IN RESTRAINT OF TRADE* (1928) §§ 211, 454.

<sup>100</sup> 2 Cir., 266 F. 212, 214, *cert. denied*, 254 U. S. 637.

Appellants' contention confuses the concepts of corporate and individual criminal liability. When a corporation is guilty of crime it is because of a corporate act, a corporate intent; in short, corporate commission of crime.<sup>101</sup> The fact that a corporation can act only by human agents is immaterial.<sup>102</sup> How separate is the identity of the corporate person and the individual person, where criminal liability is concerned, is shown by the fact that a corporation may be found guilty of a crime, the essential element of which is a specific criminal intent.<sup>103</sup> This has been often held in conspiracy cases.<sup>104</sup> In at least one state it has been held that the corporation and its agents may be separately counted in order to find the two or more persons necessary for the commission of a conspiracy.<sup>105</sup> In the present case a large number of individuals were named as defendants; some of whom were agents of appellants, others who were not. Moreover, as the two corporations were convicted, the requirement of two persons is satisfied in any event. Consequently, for both reasons, the conviction of appellants does not depend upon the guilt or conviction of their agents.

We have carefully examined appellants' other contentions and find them to be without merit. As we read the record the case was tried carefully and fairly; the jury was properly instructed; and the evidence was adequate to support the verdicts.

*Affirmed.*

<sup>101</sup> United States v. Union Supply Co., 215 U. S. 50.

<sup>102</sup> United States v. General Motors Corp., 7 Cir., 121 F. (2d) 376, 411, *cert. denied*; 314 U. S. 618; United States v. Austin-Bagley Corp., 2 Cir., 31 F. (2d) 229, *cert. denied*, 279 U. S. 863.

<sup>103</sup> American Socialist Soc. v. United States, 2 Cir., 266 F. 212, 214, *cert. denied*, 254 U. S. 637.

<sup>104</sup> Joplin Mercantile Co. v. United States, 8 Cir., 213 F. 926, 935-936, *aff'd*, 236 U. S. 531; Note, Ann. Cas. 1916C 459; United States v. MacAndrews & Forbes Co., C. C. S. D. N. Y., 149 F. 823, 835-836, *error dismissed*, 212 U. S. 585; People v. Dunbar Contracting Co., 165 App. Div. 59, 61, 151 N. Y. S. 164, 166, *aff'd*, 215 N. Y. 416, 109 N. E. 554; State v. Eastern Coal Co., 29 R. I. 254, 268, 70 A. 1, 7; Mininsohn v. United States, 3 Cir., 101 F. (2d) 477, 478.

<sup>105</sup> Standa. l Oil Co. v. State, 117 Tenn. 618, 667, 100 S. W. 705, 718, 10 L. R. A. (N. S.) 1015.

1908

[fol. 1910]

Monday, June 15th, A. D. 1942.

Before the Honorable- Justin Miller and Wiley Rutledge, Associate Justices, and the Honorable George E. Martin, Chief Justice, retired, designated to sit in this case:

No. 7929, April Term, 1942

AMERICAN MEDICAL ASSOCIATION, a Corporation, Appellant,

VS.

UNITED STATES OF AMERICA

Appeal from the District Court of the United States for  
the District of Columbia

This cause came on to be heard on the transcript of the record from the District Court of the United States for the District of Columbia, and was argued by counsel.

On consideration whereof, It is now here ordered and adjudged by this Court that the judgment of the said District Court, in this cause, be, and the same is hereby, affirmed.

Per Mr. Justice Miller.

June 15, 1942.

[fol. 1911]

Monday, June 15th, A. D. 1942.

Before the Honorable- Justin Miller and Wiley Rutledge, Associate Justices, and the Honorable George E. Martin, Chief Justice, retired, designated to sit in this case:

No. 7930, April Term, 1942

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA, a Corporation, Appellant,

VS.

UNITED STATES OF AMERICA

Appeal from the District Court of the United States for  
the District of Columbia

This cause came on to be heard on the transcript of the record from the District Court of the United States for the District of Columbia, and was argued by counsel.

On consideration whereof, It is now here ordered and adjudged by this Court that the judgment of the said District Court, in this cause, be, and the same is hereby, affirmed.

Per Mr. Justice Miller.

June 15, 1942.

[fol. 1912] [Stamp:] United States Court of Appeals for the District of Columbia. Filed Jun. 18, 1942. Joseph W. Stewart, Clerk

IN THE UNITED STATES COURT OF APPEALS FOR THE DISTRICT OF COLUMBIA, APRIL TERM, 1941

Special Calendar

No. 7929

AMERICAN MEDICAL ASSOCIATION, a Corporation, Appellant,

vs.

UNITED STATES OF AMERICA, Appellee

No. 7930

THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA, a Corporation, Appellant,

vs.

UNITED STATES OF AMERICA, Appellee

DESIGNATION OF RECORD ON APPLICATION FOR CERTIORARI TO THE SUPREME COURT OF THE UNITED STATES

The Clerk will please prepare a transcript on application for Certiorari to the Supreme Court of the United States in the above-entitled consolidated cause, including therein the following:

1. The printed record in the Court of Appeals, as amended.
2. Order of Consolidation.
- 2½. Stipulation filed October 17, 1941.
3. Minute entries showing argument of the cause.



4. The Opinion of the Court of Appeals filed June 15, 1942.
5. Judgment of the Court of Appeals in the cause.
6. This Designation of Record.
7. The Clerk's Certificate.

Edward M. Burke, William E. Leahy, Seth W. Richardson, Charles S. Baker, Warren E. Magee, Attorneys for Appellants.

[fol. 1913]

### Service

Service of a copy of the foregoing Designation of Record is hereby acknowledged on the 18th day of June, 1942.

John Henry Lewin, Of Counsel for Appellee.

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Clerk's Certificates to foregoing transcript omitted in printing.

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[fol. 1914] SUPREME COURT OF THE UNITED STATES, OCTOBER TERM, 1942

No. 201

ORDER ALLOWING CERTIORARI—Filed October 12, 1942

The petition herein for a writ of certiorari to the United States Court of Appeals for the District of Columbia is granted, limited to the first three questions presented by the petition.

And it is further ordered that the duly certified copy of the transcript of the proceedings below which accompanied the petition shall be treated as though filed in response to such writ.

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[fol. 1915] SUPREME COURT OF THE UNITED STATES, OCTOBER TERM, 1942

No. 202

ORDER ALLOWING CERTIORARI—Filed October 12, 1942

The petition herein for a writ of certiorari to the United States Court of Appeals for the District of Columbia is granted, limited to the first three questions presented by